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Nos. 88-1125, 88-1309

Supreme Court. U.S.

FILED

OCT 10 1989

JOSEPH F. SPANGL, JR.
CLERK

IN THE
Supreme Court of the United States

OCTOBER TERM, 1989

JANE HODGSON, M.D., *et al.*,
Petitioners, Cross-Respondents,

v.

STATE OF MINNESOTA, *et al.*,
Respondents, Cross-Petitioners.

On Writ of Certiorari to the United States Court of Appeals
for the Eighth Circuit

BRIEF OF THE ASSOCIATION OF
AMERICAN PHYSICIANS AND SURGEONS (AAPS)
AS *AMICUS CURIAE* IN SUPPORT OF
STATE OF MINNESOTA

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INTEREST OF THE *AMICUS CURIAE* *

The Association of American Physicians and Surgeons, Inc. (AAPS), a not-for-profit corporation, is the largest association of private practicing physicians in the United States. AAPS is comprised of active, practicing physicians and osteopaths of all specialties, from every state and territory in the United States and the District of

* This brief is filed with the written consent of the parties, copies of which have been filed with the Clerk of this Court.

Columbia. One purpose of the AAPS is to protect and preserve the private practice of medicine in all of its aspects. AAPS supports the right of patients, both adults and minors, to be provided full and accurate medical information with which to render informed decisions pertaining to their medical treatment. The AAPS recognizes the importance of involving parents in the medical treatment of minors, particularly in the provision of surgical procedures. Many of the members of the AAPS are pediatricians and obstetricians/gynecologists who routinely provide medical services to minors. In addition, many AAPS members are family practitioners whose practices involve working with the family, as a unit, in the provision of medical treatment. For these reasons, the issues involved in this case are of acute interest to the Association.

SUMMARY OF ARGUMENT

In this challenge to the Minnesota parental notice of abortion law, as applied, Minnesota abortion clinics and physicians have launched a selective attack to overturn this Court's decisions in *H.L. v. Matheson*, 450 U.S. 398 (1981), *Bellotti v. Baird*, 443 U.S. 622 (1979), and *Planned Parenthood v. Ashcroft*, 462 U.S. 476 (1983), as well as the constitutional principle that parents have fundamental rights to rear and raise their minor daughters in the area of abortion decision-making. The clinics' record in this case focuses exclusively on a minute subsection of Minnesota teens—those who sought elective abortions through judicial bypass—constituting only 25% of all pregnant teens and never more than .34% of the entire population of Minnesota teens aged 10-17. The clinics attempt to establish the unremarkable proposition that parents and teenagers do not always see eye to eye on teens' activities, that some parents may be abusive, that parents may react with grief, fear, or anger when they suddenly discover that their minor, unwed daughter is unexpectedly pregnant, and that this discovery may

not improve but may harm the parent-teen relationship. The record contains several stories of sad and unfortunate relations between parents and their children. But these conflicts are part and parcel of the parent-child relationship throughout history, and, as part of that relationship, have defined parental authority throughout Anglo-American law. In this sense, adolescent pregnancy is no different than many other serious, adverse events in the lives of teenagers and their families—for example, drug abuse, juvenile delinquency, or failure in school. It is in these very circumstances that parental authority is defined by the law's reaffirmation and support.

If the clinics could show that the notice law resulted in tangible threats to the health of minors generally in Minnesota—above and beyond that normally posed by pregnancy and elective abortion themselves—that minors suffered increased abuse from parents, that physicians were prevented from providing prenatal care, or that minors were denied prenatal care, it would then be plausible for the clinics to claim that the notice law was not reasonably related to preserving parental authority or adolescent health. But this is not the case that the clinics have made.

Part of the impact of the notice law that the clinics have either selectively ignored, misconstrued, or incompletely presented is revealed through the official demographic data of the Minnesota Department of Health on adolescent pregnancy, abortion, and childbirth. These data show that teenage pregnancy, abortion, and birth rates declined markedly between 1980-1986; teens who decided to abort were not unusually delayed from having abortions until later times of pregnancy that might increase the risk of abortion; and complications from abortions performed on teens did not increase relative to other age groups. In addition, a comparison of the pregnancy, abortion, and birth rates provides strong support for the conclusion that the notice law effectively caused a

decrease in the pregnancy rate. Between 1980-1986, the birth rate throughout Minnesota fell 12.5% for 10-17 year olds and 28.4% for 18-19 year olds, the abortion rate fell 27.4% for 10-17 year olds and 20.7% for 18-19 year olds, and the pregnancy rate fell 20.5% for 10-17 year olds and 25.4% for 18-19 year olds. Since it seems undisputed that the notice law directly decreased abortion rates, while birth rates simultaneously decreased, this strongly suggests that the law decreased abortion rates by affecting pregnancy rates. This supports the conclusion that the notice law in fact changed adolescent behavior. These data indicate that the notice law is reasonably related to Minnesota's compelling interest in preserving parental authority and adolescent health.

ARGUMENT

I. THE PEOPLE OF MINNESOTA HAVE A COMPELLING INTEREST IN HELPING PARENTS AND FAMILIES TO REDUCE TEENAGE PREGNANCY AND TEENAGE ABORTION.

This Court's decisions in *Roe v. Wade*, 410 U.S. 113 (1973), and *Planned Parenthood v. Danforth*, 428 U.S. 52 (1976), established a constitutional right to elective abortion for adolescent girls of any age that minors had not exercised at any time in the preceding history of this country. See Brief Amicus Curiae of the American Academy of Medical Ethics in Support of Cross-Petitioners in *Hodgson v. Minnesota*, No. 88-1125, 88-1309 at 2-23; Brief of Certain American State Legislators in Support of Appellants in *Webster v. Reproductive Health Services, Inc.*, No. 88-605. In the aftermath of those decisions, parents and public officials in every state have sought to adjust public policy on health care to take account of this new constitutional right while preserving other compelling, traditional social values. This Court has recently held that government has a "legitimate secular purpose" in reducing "the social and economic problems caused by

teenage sexuality, pregnancy, and parenthood." *Bowen v. Kendrick*, 108 S.Ct. 2562, 2571 (1988).

In 1985, approximately 26.3% of elective abortions were performed on minors age 18 or younger. Centers for Disease Control, *Abortion Statistics U.S., 1984-1985* (1989) (Table 1.). More than 40 percent of all teenagers who have known pregnancies obtain abortions. Henshaw, et al., *A Portrait of American Women Who Obtain Abortions*, 17 Fam. Plan. Persp. 90, 93 (1985); Russo, *Adolescent Abortion: The Epidemiological Context*, in G. Melton, ed., *Adolescent Abortion: Psychological & Legal Issues* 40, 49 (1986). In 1986, in Minnesota, approximately 49.3% of pregnancies for teens, age 10-17, ended in elective abortion. Table 1, *infra*. Nearly eighty percent (78%) of all abortions performed on teenagers are done in abortion clinics. Henshaw & O'Reilly, *Characteristics of Abortion Patients in the United States 1979-1980*, 15 Fam. Plan. Persp. 5, 11 (1983). One study found that less than half of the abortion clinics require parental notice, even for teenagers 15 years of age or younger; even fewer require parental notification before performing abortions on minors age 16 or older. Torres, et al., *Telling Parents: Clinic Policies and Adolescents' Use of Family Planning and Abortion Services*, 12 Fam. Plan. Persp. 284, 285 (1980) (Table 1). Yet, in this study of 1,170 unmarried teenage abortion patients, "[n]inety-one percent were living with their parents, four percent were living with relatives" *Id.* at 287.

A. Although Many States Have Enacted Parental Consent and Notice Laws, Minnesota Is Unique in Having Had A Parental Law In Effect Which Can Be Evaluated Through Demographic Data Collected By the Department of Health.

The States have sought to address the problem of teenage pregnancy and abortion in many different ways. They have instituted scores of public programs, includ-

ing family planning programs, adoption services, child care, school-based educational programs, and maternal and child health care programs. See *Teen Pregnancy: What is being Done? A State by State Look*, A Report of the House Select Committee on Children, Youth and Families, 99th Cong. 2d Sess. 56 & Appendix IV (Dec. 1986) [hereinafter *Teen Pregnancy*]. The States stress parental involvement in many of these programs. *Id.* at 67-70.

Over 30 states, including Minnesota, have passed parental consent or notice legislation in order to protect the health of minors and to protect parental authority in the area of adolescent health decisionmaking. See Appendix 1 to this Brief. As this Court has said, "parental consent and notice are qualifications that typically may be imposed by the State on a minor's right to make important decisions." *Bellotti v. Baird*, 443 U.S. 622, 640 (1979) (plurality op.). Because this Court's decisions in *Roe v. Wade* and *Danforth* constitutionalized this area of the law, states can ensure parental involvement only through positive legislation.

Very few of these state parental consent and notice statutes have been allowed to go into effect for any meaningful period of time. Many have been declared unconstitutional by federal courts. Statutes in almost a dozen states are currently enjoined in the midst of pending litigation. See Appendix 1. As the district court below acknowledged, it was the first district court "ever to examine a parental notification or consent substitute statute in actual operation." *Hodgson v. Minnesota*, 648 F.Supp. 756, 774 (D.Minn. 1986). And there is no other currently pending litigation in this country that is examining the effect of parental notice or consent legislation as applied.

Determining the effect of these parental laws has also been frustrated by the absence of state or federal laws

requiring the reporting of statistical data. Data collected from reporting provide demographic statistics that are critical for the study of maternal morbidity and mortality. See e.g., *Teen Pregnancy* at 1-19; Smith, et al., *An Assessment of the Incidence of Maternal Mortality in the United States*, 74 Am. J. Pub. Health 780 (1984). "No federal laws require reporting for abortion." *Teen Pregnancy* at 5. State reporting requirements for abortion are in effect in less than thirty states. Appendix 1. Many states do not have reporting for a wide array of demographic factors. *Teen Pregnancy* at 1-19. Many states do not, or cannot, require mandatory reporting of abortion statistics. Illinois, for example, has been prohibited by court order from collecting abortion data since 1984. *Herbst v. Daley*, No. 84 C 5602 (N.D.Ill. July 1, 1984). Reporting requirements are essential to determine the complete effect of these laws. Minnesota is virtually unique in having had a parental notice law and reporting statute in effect simultaneously for a meaningful period of time.

B. The Plaintiff Clinics Have Failed To Show That the Notice Law Adversely Impacts the Health of Teens, Adversely Impacts the Integrity of the Family, or Fails to Be Consistent With Parents' Rights to Rear and Counsel Their Children.

The clinics' attack on the Minnesota law falls into two broad categories: (1) testimony concerning various burdens imposed on pregnant teens by the notification requirement and the bypass procedure; (2) testimony questioning the necessity and effectiveness of the notification requirement and bypass procedure in furthering the statutory purposes of protecting parental authority and adolescent health. The clinics, and their *amicus*, contend that minors of any age are no less mature and no less capable of making important decisions than their adult parents.¹

¹ The American Psychological Association (APA), which has filed an *amicus curiae* brief in this case in support of Hodgson,

The clinics' claim that the notice law had an adverse effect on minors in Minnesota is exclusively focused on those minors who sought abortions. The clinics' challenge reflects a narrow, distorted focus on the impact of the notice law. Minors who sought abortions through the bypass procedure between 1981-1984 constitute less than 25% (23.5%) of the total number of minors (aged 10-17) who became pregnant. Cf. Table 1-2, J.A. 60. The clinics' case focuses on only half of the pregnant teens in Minnesota, and that half amounts to only .30% of all Minnesota teens aged 10-17 who were under the influence of the law. Cf. J.A. 60, Tables 1-2.² The clinics' case thus virtually ignored the impact on the half of the teens who became pregnant and did not abort in Minnesota (and their parents). And the clinics' record says nothing about the drop in the pregnancy rate and how the notice law influenced teens who did not become pregnant. It is, therefore, wholly inaccurate for the clinics to claim that their witnesses had "first-hand knowledge of nearly 100% of the minors who were affected by the statute." Pet.Br.

has recently been criticized for filing briefs in this Court which overstate the extent to which "developmental theory and data confirm that adolescents and adults have equivalent decision-making capacities." Gardner, et al., *Asserting Scientific Authority: Cognitive Development and Adolescent Legal Rights*, American Psychologist 895 (June 1989). One of the Plaintiffs' experts, Lenore Walker, expounded this theory at trial and contributed to the APA brief. APA Brief at n.2.

² The 23.5% figure is derived from the estimated number of pregnancies in the 10-17 age group between August 1, 1981 and December 31, 1984 (10,872) compared with the stipulated number of bypass petitions filed during that same period (2,552). J.A. 60. (The 10,872 figure uses 5 mos. of the total number of pregnancies (3,714) in the 10-17 age group in Minnesota in 1981.) See Tables 1-2. It appears that 49.6% of the teens that aborted between Aug. 1, 1981 and December 31, 1984 sought judicial bypass. This is based on a comparison of the total of approximately 5,149 abortions for that time period for the 10-17 age group (5 mos. of 1981 total) with the stipulation of 2,552 bypass petitions in that period (J.A. 60).

at 29. By their challenge, the clinics would strip all Minnesota parents of the statutory protection of their constitutional rights, as well as all minors of the influence of the law in ensuring parental guidance, in order to remove the requirement of judicial bypass from .30% of Minnesota teens.

There is little, if any, evidence in the record on the experience of the 50% of the pregnant teens, aged 10-17 (or their families), who did not abort—no testimony from those teens or their parents (either custodial or non-custodial) or their doctors, no medical evidence of their pregnancy or current condition, no evidence of their experience in giving birth or caring for their newborn children, no evidence of their past history or future plans or aspirations, no evidence that any minor who carried her child to term later regretted it.

Even the experience of the 50% of the pregnant teens who aborted is presented in the record almost exclusively through the eyes of third parties (*not* parents)—abortion clinic personnel, court or administrative personnel, or experts apparently experienced with only teens who aborted.³ These teens are "represented" only by three single mothers of pregnant daughters and eight teens as

³ The following are the Plaintiffs' witnesses, excluding some of the named Plaintiffs: Paul Wendt, Meadowbrook Clinic; Allen Oleisky, judge, Stanley Henshaw, statistician; Henry Albrecht, juvenile court judge; Edwin G. Widseth, asst. county atty.; Susanne Smith, supervisor, GAD program; Kathrine Welsh, Women's Health Center; Cynthia Daly, asst. public defender; Dr. Lenore Walker, psychologist; Gerald Martin, judge; Charlotte Baker, Midwest Health Center; Maria Honkala, medical asst.; Thomas P. Webber, Planned Parenthood administrator; Heather Sweetland, asst. public defender; Laura Hunter, abortion clinic counselor; Elissa Benedek, psychiatrist; William Sweeney, county judicial officer; Gary B. Melton, psychologist; George Petersen, district judge; Paul Garrity, judge; Steven Butzer, psychiatrist; Neil Riley, judge; Edward Ehlinger, health department administrator; Henry David, Trans. Family Research Inst.; Dr. Arthur Horwitz, Meadowbrook clinic.

named plaintiffs. Pet. Br. at 23 n.49. The experience of certain minors who were deposed is characteristic of the lifestyle of many teens, but there is no evidence that the notice law seriously exacerbated the parent-teen relationship for these teens or for any significant number of Minnesota teens. Most of the Plaintiffs' experts relied on "studies" and "the literature"—none of which seem to involve Minnesota youth. District Court Transcript (T.) 1137, 1146. The exception seems to be Steven Butzer, who cited two cases of Minnesota adolescents he had counseled, but his experience seems to have been only with girls who sought abortion. J.A. 296-300. There is apparently no evidence of even a single report of child abuse caused by the parental notification, or a single report of medical complications caused by the law, or a single case of parental prevention or coercion of an abortion. Cross Petitioners' Brief (Cross Pet.Br.) at 10-11, 18.

The data collected by the Department of Health tell a broader public health story—not only about those teens who aborted (.60% in 1982) but also about those who never got pregnant (98.7%) and those who carried their children to term (.66%); and it is a story different from the one that the clinics present. The data collected and reported by Minnesota are unique in what they can tell public health researchers about the effect of the notice law. This analysis of the Department's data demonstrates that the notice law is reasonably related to protecting parents' constitutional rights and protecting the health of minors, because it requires parental notice without causing any increased health problems for minors and, in fact, possibly decreases adolescent pregnancy and abortion rates *without* causing increased birth rates. This is an extraordinary benefit for teens and their families in Minnesota—an impact which the clinics virtually ignored.

II. WHILE THE MINNESOTA PARENTAL NOTICE OF ABORTION LAW WAS IN EFFECT AND ENFORCED, TEENAGE ABORTION AND PREGNANCY DECLINED SUBSTANTIALLY AND TEENAGE BIRTHS DID NOT GENERALLY INCREASE COMPARED TO PREVIOUS YEARS.

The Minnesota notice law was only in effect from August 1, 1981 through March 2, 1986, when a preliminary injunction was entered against the entire statute, followed by a permanent injunction on November 6, 1986. Minn. Stat. Ann. 144.343(2)-(7) (West 1989); *Hodgson v. Minnesota*, 648 F.Supp. 756, 760, 781 (D.Minn. 1986), *cert. denied*, 107 S.Ct. 1333 (1987); *Hodgson v. Minnesota*, 853 F.2d 1452, 1455 (8th Cir. 1988); Cross Pet. Br. at 10. That injunction continued in effect throughout the appellate review. After the court of appeals *en banc* reversed the district court's decision on August 8, 1988 and upheld the notice law, the Eighth Circuit issued an order on October 7, 1988, staying the issuance of its mandate pending the filing of a writ of certiorari, or until such time as this Court acted on the petition for certiorari. That stay continues in effect.

During the time that the notice law was in effect, the Minnesota Department of Health, Center for Health Statistics (the Department) collected demographic data from Minnesota abortion providers under mandatory statutory reporting requirements. Minn. Stat. Ann. 145.413 (West 1989); T. 2069, 2076-79 (Dr. Paul Gunderson). The Department began to collect data in 1973. T. 2072. The data collected included :

- the number of teenage pregnancies, abortions, and births,
- complications incurred by teenagers during abortion, and
- the gestational age at which the abortion was performed.

The data relied upon in this brief are the Department's official data. As it has to other researchers (T. 660), the Department provided official data through computer disks and data tables on incidence and population in age specific groupings appropriate for an evaluation of the law—10-17 years, 18-19 years, 20-24 years, 25-54 years.⁴ The surveillance of abortion data by the Department begins with age 10. T. 2082. And the Department collects abortion data using a category of 17 years and under. Defendants' Exhibit (D. Exh.) 35; J.A. 481. Official population estimates were also provided by the Department because this analysis was conducted prior to the 1990 census.

In this analysis, it was assumed that any change in the incidence of pregnancy, abortion, and childbirth because of the notice law would most heavily fall on teens 17 and below, who were directly affected by the notice law (Minn.Stat.Ann. 645.451 (West 1989)); less heavily on teens age 18-19 who would have recently been subject to the law; somewhat less on women age 20-24; and least on women age 25-54.⁵ The notice law itself does not define "minor" by age, and thus it is quite possible that there was some confusion as to who, among 17-19 year olds, was covered by the law. Moreover, some teens who gave birth at 18 might have been 17 at the time they became pregnant and thus were directly affected by the law. Those who were 18 or 19 in 1983-1986 were subject to the law in 1981 (as, for example, Francis H. (J.A. 68-69)), and the group as a whole could reasonably have been influenced by the law through socialization, includ-

⁴ The data presented in this brief do not include either teens or adults whose ages were unknown or non-Minnesota residents.

⁵ Plaintiffs' witness, Stanley Henshaw, of the Alan Guttmacher Institute, also distinguished between teens age 17 and below and teens age 18-19. J.A. 98. The Director of the Minnesota Center for Health Statistics, Dr. Paul Gunderson, also relied on a category of "17 and below" because the Center collects data for this category. D. Exh. 35; T. 2082-84, 2101-2102, 2104.

ing schooling and peer contacts. Similarly, some in the 20-24 age group in later years would have been subject to the law in the earlier years of its enforcement. Women age 25-54 would never have been personally affected by the law. For these reasons, these four groups were considered separately.

This brief presents and analyzes the number and rates of adolescent pregnancies, abortions, and births in Minnesota between 1975 and 1986, the last year for which complete statistics were available.⁶ In addition, the study examines the impact of the notice law on medical complications and gestational age at the time of abortion. The examination of rates allows for and takes into account adjustments for changes in the population of Minnesota. The brief also examines the impact on all of these phenomena among women age 25-54, in order to assess law-specific and general population effects. Figures and Tables noted hereafter are included in the Appendix to this Brief.

A. During the Four Years that the Notice Law Was In Effect, Teenage Pregnancies, Abortions, and Births Declined Substantially.

1. Pregnancies⁷

The Department's official data show that pregnancies for Minnesota teens, age 10-17, declined between 1981-1986, while the notice law was in effect. Table 1 and Figure 1a show that the number of pregnancies rose from 3,958 in 1975 to 4,315 in 1980 and then decreased to a low of 2,987 in 1983 and to 3,133 in 1986. Thus, the number of pregnancies in this age group grew by 9.0%

⁶ At the time of trial in 1986, the State only presented data for years 1980-1983 (D. Exh. 35; J.A. 481) and Planned Parenthood had only data up to 1982 and not beyond. T. 660-61.

⁷ Pregnancies equal the sum of abortions, live births, and fetal deaths.

between 1975 and 1980 and fell by 27.4% from 1980 to 1986. In this age group, the highest number of adolescent pregnancies occurred in the year before the notice law went into effect.

Table 1 and Figure 1b show that the number of pregnancies for the 18-19 age group increased from 6,494 in 1975 to a high of 8,301 in 1980 and then declined to a low of 5,493 in 1986. The number of pregnancies in this age group increased by 27.8% between 1975 and 1980 and fell by 33.8% from 1980-1986.

Table 1 and Figure 1c show that the number of pregnancies for the age group 20-24 increased between 1975 and 1980 from 22,001 to 28,093 and then declined between 1980 to 1986 from 28,093 to 22,792—almost to the 1975 figure.

Table 1 and Figure 1d figures show that pregnancies for the 25-54 age group increased between 1975 and 1980 but then continued to increase between 1980 to their highest level in 1986. This group would be the least likely to be affected by the notice law, and the figures show that, in fact, pregnancies in this age group continued to rise throughout the effective period of the notice law.

2. Abortions

The Department's data also show that abortions for teenagers, aged 10-17, declined between 1980 and 1986, while the notice law was in effect. Table 1 and Figure 1a show that abortions in this age group rose from 1,507 in 1975 to a high of 2,327 in 1980, the year before the notice law took effect, and then fell to a low of 1,395 in 1984 before rising to 1,545 in 1986. Abortions for this age group increased 54.4% from 1975 through 1980 and fell by 33.6% from 1980 to 1986.

For the 18-19 age group, abortions grew markedly between 1975 and 1980 before decreasing between 1980-1986. Table 1 and Figure 1b show that abortions for this

age group rose substantially from 1,758 in 1975 to a high of 3,380 in 1980, the year before the notice law took effect, and then fell to a low of 2,372 in 1986. Abortions thus rose 92.3% between 1975 and 1980, before falling 29.8% between 1980 and 1986.

In the 20-24 age group, Table 1 and Figure 1c show that abortions grew 124.1% from 2,702 to 6,054 between 1975 and 1980, the last year before enforcement of the notice law, and then remained relatively stable between 1980 and 1986, falling 5.5%.

For the 25-54 age group, abortions did not decline between 1980 and 1986, as Table 1 and Figure 1d show. Abortions in this age group increased 179.3% from 2,161 in 1975 to a high of 6,035 in 1986. Abortions thus rose 118.2% between 1975 and 1980 and rose 28.0% between 1980 and 1986.

3. Births

The Department's data show that births for teens age 10-17 declined while the notice law was in effect. In the 10-17 age group, as Table 1 and Figure 1a show, the number of births fell from 2,427 in 1975 to 1,974 in 1980, but continued to decline between 1980-1986, to 1,573 in 1986. Births for teens age 10-17 thus dropped by 18.7% from 1975 to 1980 but dropped 20.3% from 1980 to 1986.

For the 18-19 age group, Table 1 shows that births rose from 4,693 in 1975 to a high of 4,883 in 1980, the year before the notice law went into effect, and then declined to a low of 3,096 in 1986. For this age group, births increased by 4.0% from 1975 to 1980, but decreased by 36.6% from 1980 to 1986. In reviewing this age group, it must be remembered that some girls who became pregnant at 17 would give birth after they were 18. Thus, some girls who gave birth while they were 18 may well have been influenced by the law.

In the 20-24 age group, as Table 1 and Figure 1c show, births increased 14.4% from 1975-1980 but then de-

clined 22.6% between 1980-1986, from 21,899 to 16,959. In the 25-54 age group, as Figure 1d shows, births increased from 1975-1980, increased slightly between 1980-1982, and continued to increase 1982-1986. Births rose from 28,746 in 1975 to a high of 42,269 in 1986.

4. Migration

Migration out of Minnesota for abortions was apparently not conducted on any significant scale. Four states border Minnesota: North Dakota, South Dakota, Iowa, and Wisconsin. North Dakota has had a parental consent law in effect since at least 1981. N.D. Cent. Code 14-02.1-03.1 (1981 & 1989 Supp.).⁸ South Dakota reports 5, 19, 20, 30, 20, and 17 abortions performed on Minnesota teen residents, 19 years and under, during 1981 through 1986, respectively. *South Dakota Vital Statistics* (1982-1987). Iowa has no parental or reporting law in effect. Wisconsin had no mandated reporting before 1987. One researcher, Robert Blum, concluded that "[i]n contradistinction to the Massachusetts data, there is little evidence to indicate large numbers of Minnesota youth are leaving the state for abortion. . . ." Blum, et al., *The Impact of a Parental Notification Law on Adolescent Abortion Decision-Making*, 77 Am. J. Pub. Health 619, 620 (1987).

One study by Cartoof and Klerman purported to find significant migration out of Massachusetts in their study of the impact of the Massachusetts parental consent law. Cartoof & Klerman, *Parental Consent for Abortion: Impact of the Massachusetts Law*, 76 Am. J. Pub. Health 397 (1986). Nevertheless, as in the case where migration occurs between states with differences in the drinking age

⁸ Stanley Henshaw suggested that there was migration to North Dakota based merely on the fact that a clinic opened up in Fargo in 1981. J.A. 99-101; Henshaw T. at 32. But he then chose to exclude North Dakota from his regional assessment of birth rates because of its parental consent law. Henshaw T. at 39-40.

for teenagers, the solution to migration is not to abolish the public health standards of stricter states but to strengthen the standards in the more permissive states. Cf. *South Dakota v. Dole*, 107 S.Ct. 2793 (1987); 23 U.S.C. 158 (1982 ed. and Supp. III). Regardless of the Massachusetts scenario, however, the facts indicate that Minnesota's experience is different. Massachusetts is geographically a small state bordered by several other states without parental involvement legislation that may be more easily reached by car or public transportation (e.g., Maine, New York). Thus, the conclusions of Cartoof and Klerman simply do not apply to Minnesota.

B. During the Four Years that the Notice Law Was In Effect, Teenage Pregnancy, Abortion, and Birth Rates Declined Substantially.

Because raw figures do not take account of possible changes in Minnesota's population for a particular age group from year to year, rates for pregnancies, abortions, and births were also calculated based on the Department's data. Rates, in this study, equal the occurrence (incidence) of a phenomenon per 1000 females. Cf. T. 664-65. The numerator is the number reflecting the phenomenon for females in that age category; the denominator is the population number for females in that age category (in thousands). The data in this brief rely on the Department's data for the entire population of Minnesota, not just on a sample. Table 2 contains rates for abortion, births and pregnancy for the various age groups between 1975-1986.

1. Pregnancy Rate for 10-17 Year Olds

The pregnancy rate equals the number of pregnancies in the particular age group divided by the population of females in that age group in thousands (pregnancies/population). Table 2 and Figure 2a show that the pregnancy rate for the 10-17 age group rose from 12.7 (12.7

per 1000) in 1975 to a high of 15.6 in 1980, the year before the notice law took effect, and then declined to a low of 11.3 in 1983 and 12.4 in 1986. Thus, even though the population of 10-17 year olds declined between 1975 and 1986, the pregnancy rate declined, as well, by 20.5% between 1980-1986.

2. Pregnancy Rate for 18-19 Year Olds

Table 2 and Figure 2b show that the pregnancy rate for the 18-19 age group rose substantially from 75.5 (75.5 per 1000) in 1975 to a high of 98.5 in 1980, the year before the notice law went into effect, but then fell after 1980 to 96.0 in 1981 and to 73.5 in 1986, below the 1975 level. Again, even though the population in Minnesota in the 18-19 age group fell from a high of 86,924 in 1976 to 74,689 in 1986, the pregnancy rate also declined 25.4% between 1980-1986.

3. Abortion Rate for 10-17 Year Olds

The abortion rate equals the number of abortions in the selected age group divided by the population of the females in that age group in thousands (abortions/population). Table 2 and Figure 2a show that the abortion rate for the 10-17 age group rose from 4.9 in 1975 to a high of 8.4 in 1980, the year before the notice law became effective, and then fell to 6.8 in 1981, to a low of 5.4 in 1983 and 6.1 in 1986.⁹ The abortion rate thus rose 71.4% between 1975-1980 and then fell 27.4% between 1980-1986.

4. Abortion Rate for 18-19 Year Olds

The Department's data also show that the abortion rate for the 18-19 age group in Minnesota fell during the time

⁹ Stanley Henshaw suggested that the rate of abortions for teens age 15-17 has declined, in part, because they passed themselves off as 18. Henshaw T. 61. This is implausible because it would result in an increase in the abortion rate for 18-19 year olds, which plainly did not occur.

that the notice law was in effect. Table 2 and Figure 2b show that the abortion rate rose from 20.4 in 1975 to a high of 40.1 in 1980, the year before the notice law became effective. The abortion rate then fell 4.8% to 38.20 in 1981 and a further 16.8% to a low of 31.80 in 1986. The abortion rate thus rose 96.6% between 1975-1980 and fell 20.7% between 1980-1986.

5. Birth Rate for 10-17 Year Olds

The birth rate equals the number of births in the selected age group divided by the population of females in that age group in thousands (births/population). Figure 2a and Table 2 show that the birth rate for the 10-17 age group in Minnesota fell from 7.8 (7.8 per 1000 teens) in 1975 to 7.2 in 1980, and that it continued to fall to 7.0 in 1981, to a low of 5.8 in 1983 and then to 6.3 in 1986. The birth rate therefore fell 7.7% between 1975-1980 but fell 12.5% between 1980-1986.

6. Birth Rate for 18-19 Year Olds

The Department's data show that the birth rate for the 18-19 age group in Minnesota fell during the time the notice law was in effect. Table 2 and Figure 2b show that the birth rate for the 18-19 age group rose from 54.6 in 1975 to 58.0% in 1980 (+6.2%), the last full year before the notice law took effect. The birth rate in this age group then fell to 57.4 in 1981 and to a low of 41.5 in 1986. Thus, the birth rate fell 28.4% between 1980-1986.

In sum, the Department's data refute the clinics' contention that the notice law increased the birth rate for teenagers in Minnesota. Between 1980-1986, the birth rate fell 12.5% for 10-17 year olds, 28.4% for 18-19 year olds, and 23.6% for 20-24 year olds.¹⁰ In contrast,

¹⁰ Stanley Henshaw acknowledged the decline in Minnesota birth rates for 15-17 and 18-19 year olds, but attributed this to a regional decline. J.A. 100.

the birth rate for 25-54 year olds increased 6.1% between 1980-1986. The Minneapolis birth rate data is separately examined in Section III below.

C. The Data Are Strong Evidence that the Notice Law Effectively Reduced Teen Pregnancy Rates in Minnesota During Its Effective Period.

The comparison of the pregnancy, abortion, and birth rates in Minnesota between 1981-1986 strongly supports the conclusion that the notice law effectively caused a decrease in the pregnancy rate in those years. Since the abortion rate fell 27.4% for 10-17 year olds and 20.7% for 18-19 year olds, while the birth rate throughout Minnesota simultaneously fell 12.5% for 10-17 year olds and 28.4% for 18-19 year olds, the pregnancy rate must have declined, as the data confirm, supporting the conclusion that the notice law in fact changed adolescent behavior. In other words, since it seems undisputed that the notice law did directly decrease abortion rates, while birth rates simultaneously decreased, the law must have decreased abortion rates by affecting pregnancy rates.

In addition, the number of teens, aged 10-17, who aborted as a percentage of all pregnant teens (including fetal deaths), aged 10-17, did not decline markedly between 1980-1986. The figures are, respectively, for those years: 53.9%, 49.0%, 47.3%, 47.9%, 46.0%, 50.3%, 49.3%. This is further evidence that the impact of the notice law was to reduce teen pregnancies generally, rather than to compel teens to give birth rather than abort.

On the other hand, it may not be possible, examining the pregnancy and abortion rates in Minnesota alone, to conclude with certainty that the notice law itself caused lower pregnancy rates by inducing minors to change their behavior. But the Department's data at least make clear that the notice law did not cause higher birth rates in Minnesota and was enforced during an unprecedented pe-

riod when pregnancy and abortion rates declined for teens aged 10-17.

D. Minnesota Teenagers Did Not Have Abortions at Significantly Later Points in Pregnancy Relative to Other Age Groups While the Notice Law Was in Effect.

The plaintiff clinics claim that the notice law delayed minors from having abortions, pushing them into later gestational periods, with the implication that this increased the risk of abortion. Pet. Br. at 13-14; T. 2088; J.A. 347. For this claim, they rely, in part, on a report by the Meadowbrook Women's Clinic, one of the plaintiffs, that "as of December 1985, over 30% of their minor patients seeking abortions were in the second trimester." Pet. Br. at 14 n.29. But this bare statistic from one clinic, presented in isolation, says virtually nothing. Moreover, the Department's data bely these claims generally. See also Cross Pet. Br. at 19; J.A. 346-49, 474, 481.

Table 3 and Figure 3a show the number of abortions performed at [greater than] 12 weeks gestational age for all age groups between 1975-1986.¹¹ For the 10-17 age group, the number of abortions performed after 12 weeks grew from 403 in 1978 to 510 in 1980, jumping substantially between 1979-1980, but *declined* sharply (28.4%) from 1980-1981. Between 1981-1986, the number of abortions performed in this age group after 12 weeks continued to decline 8.8% to 333 in 1986.

Table 3 and Figure 3b show the percentage of abortions performed after 12 weeks. For the 10-17 age group,

¹¹ The 12-week point was used because 12 weeks is generally used as the line between the first and second trimesters and because the clinics' allegation is that the proportion of minors who had "second trimester abortions increased dramatically." Pet. Br. at 13-14. Dr. Paul Gunderson also used a 12 week cutoff. T. 2103-2104.

the percentage of abortions performed after 12 weeks grew 22.3% from 1975-1980, declined between 1980-1982, increased between 1982-1984 and then declined between 1984 and 1986, with the result that the percentage of abortions performed after 12 weeks in 1985 was nearly the same as the percentage in 1980. For 1980-1986, the percentage of abortions performed at [greater than] 12 weeks for 10-17 year olds dropped 1.4%.

The figures for the 10-17 age group, however, cannot properly be viewed in isolation but must be compared with the figures for the other three age groups in Minnesota between 1975-1986. The percentage of abortions performed after 12 weeks for the 18-19 age group declined from 16.6% in 1980 to 15.2% in 1982, and then increased from 1982 to 1984 before dropping between 1984-86, a total increase between 1980-86 of 10.3%. A similar pattern occurred for the 20-24 and the 25-54 age groups. The 20-24 age group shows a 9.8% increase from 1975-80 in the percentage of abortions performed after 12 weeks. But there is a significant increase in 1984 before a drop to 1986, with a resulting increase of 4.5% between 1980-86. For the 25-54 age group, the percentage of abortions performed after 12 weeks decreased 2.3% between 1975-80 and then increased 1.2% between 1980-86.

Three primary characteristics should be noted for all age groups. First, the percentage of abortions performed after 12 weeks is consistently related to age differences, both before and after the enactment of the notice law. The percentage of abortions after 12 weeks for the 10-17 age group is consistently higher than the 18-19 age group, which is consistently higher than the 20-24 age group, which is consistently higher than the 25-54 age group for all years from 1975-1986. Second, as Figure 3b shows, for all groups there appears to be a cyclical trend with "peaks" every four years, which the notice law has not interrupted. Third, after the notice law became effective

in 1981, the percentage of abortions after 12 weeks dropped for all age groups between 1980-1981, rose slightly from 1981-1982, and rose after 1982. The fact that the number and percentage of abortions performed after 12 weeks in the 10-17 age group dropped between 1980 and 1981, and the fact that the number of abortions for all age groups performed after 12 weeks increased after 1982, provide strong evidence that the notice law did not selectively increase the gestational age at which teens obtained abortion.

E. Minnesota Teenagers Did Not Have Increased Complications From Induced Abortion Relative to Other Age Groups While the Notice Law Was in Effect.

The plaintiff clinics also claim that complications from induced abortions incurred by teens subjected to the notice law increased because of the law. This claim is based entirely on journal publications about general rates of complications and not on any specific medical evidence in the record. *See* Pet. Br. at 14; J.A. 347-48.¹² By relying on general rates of complications, which generally increase with gestational age, the clinics' argument assumes the validity of their claim that the law caused adolescents to have later abortions. But this assumption has been contradicted by the Department's data. Independent of the gestational age data, the Department's data indicate that the claim of increased complications is unfounded. *See* Cross Pet. Br. at 19, 39-40; J.A. 347-48.

¹² Plaintiffs' counsel told the district court: "In Plaintiffs' Exhibits 1 through 9 and also in Dr. Hodgson's testimony there is a claim that the risk increases through delay, specifically the types of risks such as laminaria due to cervical—lack of laminaria use which relates to cervical injury, but we haven't demonstrated or said on any particular patients those risks have occurred except those who haven't been able to get it, who have gone to childbirth, which of course is much more dangerous." T. 2088; J.A. 347. When asked by the court whether the claim was that the notice law "resulted in an increase in complications to minors" rather than an increase in "risk," counsel for plaintiffs replied, "No." *Id.*

For purposes of this analysis, it must be understood that between 1982-1984, the Department changed and broadened its definition of "complication" for purposes of the reporting statute. T. 2090-2094. This broader definition encompassed more specific instances of morbidity that were required to be reported as complications of abortion. Specifically, the Department changed their reporting form to include more examples of complications (from 8 categories to 12 categories), including a distinction between "minor" complications (not requiring hospitalization) and "major" complications (requiring hospitalization) (e.g., pelvic infection, hemorrhage, and others). In the aftermath, the Department found increased reporting of "minor" complications.

Table 4 and Figures 4a-4b show the number and percentage of abortions with reported complications for all age groups in Minnesota, 1975-1986. The rate of complications is determined by dividing the number of complications by the number of abortions. For the 10-17 age group, the number of complications declined from 16 in 1975 to 6 in 1980, and then declined to 0 in 1981, before jumping to 10 in 1982 and dropping to 8 in 1986, the same as the 1978 figure. Figure 4b shows that, for the 10-17 age group, the percentage of abortions with reported complications increases 56.3% between 1982-1984 but then declines 48.0% between 1984-1986. For the 18-19 age group, the percentage increases 211.1% between 1982-1984 and then declines 43.8% between 1984-1986. For the 20-24 age group, the percentage increases 60.9% between 1982-1984 and then declines 18.4% between 1984-1986. Finally, for the 25-54 age group, the percentage increases 33.7% between 1982-1984 and continues to increase 3.4% between 1984-1986.

In sum, the Department's data show that reported complications increased for all age groups between 1975-1986. This is entirely consistent with the Department's findings after the change in its definition of complica-

tions. Between 1982-1984, the percentage of complications *increased more* for the 18-19 and 20-24 age groups than for the 10-17 group. And, between 1984-1986, the percentage of complications *fell less* for all other groups than the 10-17 age group. These facts provide strong evidence that the notice law caused no increased complications for teens age 10-17 who were subject to the law.

III. THE CONTENTION THAT THE NOTICE LAW INCREASED BIRTHS TO TEENS IS BASED ON STATISTICS FOR ONLY THE LIMITED AREA OF THE MINNEAPOLIS CITY LIMITS AND THESE MUST BE VIEWED WITHIN THE CONTEXT OF OTHER DEMOGRAPHIC PHENOMENA IN MINNEAPOLIS AND THROUGHOUT THE STATE.

The plaintiff clinics claim that the notice law caused a 38.4% increase in the birth rate to teens age 15-17 by relying on a 38.4% increase in the birth rate for teens age 15-17 in Minneapolis between 1980-84. Pet.Br. at 12. Plaintiffs, purporting to quote Edward Ehlinger of the Minneapolis Dept. of Health, argue that the notice law "was the only factor that uniquely affected the fifteen to seventeen year old age group which could explain the difference." Pet.Br. at 12. Ehlinger, in fact, did not say that it was the "only" factor; he said merely that it "would be an important factor." T. 2030-31.

As this Court stated recently in *Webster v. Reproductive Health Services, Inc.*, 109 S.Ct. 3040, 3050 (1989), the states may "make a value judgment favoring childbirth over abortion." Thus, the fact that the notice law may have increased births to teens affected by the law is not a constitutional indictment against the law. Such a fact would merely imply that parental influence, as required by the law, had encouraged teens to give birth rather than abort. Such parental guidance is hardly a result which violates the Constitution. But, in fact, the data undermine the claim that the notice law caused in-

creased births to teens either in Minnesota generally or in Minneapolis specifically.

The clinics' assertion rests entirely on data gathered from the Minneapolis Department of Health concerning residents of the City of Minneapolis only. See P. Exh. 116; T. 2072 (Dr. Paul Gunderson). The data *do* show an increase of 38.4% between 1980-84 in births to teens between the age of 15-17 who are residents of Minneapolis. See Table 5. For 1980-87, the birth rate of Minneapolis teens aged 15-17 is 39.1, 41.2, 42.7, 47.3, 54.1, 58.2, 62.2, 64.5, respectively. When seen within the context of demographic statistics throughout Minnesota and within demographic changes in Minnesota in the 1980's, however, the allegation that the increase is due to the notice law is doubtful.

Initially, it is important to realize that teens who are residents of Minneapolis make up roughly only 6% of the teen population of Minnesota. In 1981, the 15-17 year old female population for Minnesota was 107,784, while the female population in Minneapolis for ages 15-17 was only 6,548. Thus, the 38.4% increase in the birth rate in Minneapolis was limited to 6% of the state's population of 15-17 year olds.

Statistics throughout Minnesota show that the 38.4% increase in the birth rate to Minneapolis residents age 15-17 between 1980 and 1984 was unique to Minneapolis and did not occur in metropolitan Minneapolis or in Minnesota in general, as Table 5 and Figure 5a show. See also T. 2073-74 (Dr. Paul Gunderson). The birth rates for ages 15-17 in years 1980-1986 in metropolitan Minneapolis are 17.4, 17.2, 17.2, 15.1, 17.4, 16.5, 17.8. And the birth rate for ages 15-17 between 1980-86 in Minnesota as a whole is 17.5, 17.5, 16.6, 14.6, 16.1, 15.1, 15.6. In addition, Minneapolis differs in birth rate from other geographic regions in Minnesota for other age groups besides 15-17, particularly for ages 10-14, 18-19, and 25-34, as Table 5 and Figures 5b-5e show. Finally, the Minneapolis birth rate for 15-17 year olds continues

to climb throughout 1986 and 1987, even after the notice law was enjoined in March, 1986.

The number of births to teens as a percentage of all births in Minneapolis must also be considered. In Table 7 and Figure 7a, it is apparent that the percentage of births to minors in Minneapolis is lower than that found in the nation generally, but exhibits a remarkably parallel trend to the national trend over time. The selective increase in birth rate in Minneapolis is reflected in the Minneapolis line in Figure 7a, insofar as the percentage of total births to teen births in Minneapolis rises contrary to the national and statewide trend between 1985-1987. But this increase occurs later than we would expect were it a result of a law enacted in 1981. The real increase in the percent of births to minors does not happen until several years later: 1985, 1986, and 1987, when the law was no longer in effect. The increase in the 15-17 year old Minneapolis birth rate during 1981-83 is *not* accompanied by an increase in births to minors as a percentage of total births. This clearly parallels both the Minnesota and national trends in its decline during 1981-83. The opposing trends in Minneapolis in birth rate to minors 15-17 (Figure 5a) and percent of births to minors (Figure 7a) indicate that birth rates must have been increasing in general in Minneapolis from 1981-83, regardless of age. This indicates that the increase in birth rates in Minneapolis to minors during the enactment period of the notice law was merely part of a larger trend effecting all minors and adult women, including those not subject to the law.

Moreover, the increase in births for Minneapolis teens age 15-17 leads to a different conclusion when the Minneapolis population is examined in more detail. When the Minneapolis births are broken down by race, and compared with data from the National Center for Health Statistics, the increase in births to girls under 18 is seen to be largely confined to the minority population, spe-

cifically the population of Asian-Pacifics. Figure 7b is a breakdown by race of the Minneapolis and national trend lines in Figure 7a. The Asian-Pacific Island percentage of births to minors deviates from the national trend and increases dramatically. All other races roughly parallel national trends in their decline, at least until 1986, when the notice law was enjoined. This would suggest that Asian-Pacifics are disproportionately impacting the birth rate for teens age 15-17 in Minneapolis. It is implausible that the notice law would selectively impact Asian-Pacifics more than other races in Minneapolis. Therefore, other explanations for the Minneapolis increase in birth rate should be explored.

Figure 8 suggests one possible explanation—a substantial increase in the population of Asian-Pacific teens. Figure 8 shows the percent of minority enrollment in the Minneapolis Public School District from 1971 to 1987. This Figure shows that the percentage of Asian enrollment sharply increases between 1980-1981 and continues to increase from 1981-1987. It is precisely during this time that the percent of all births to minors for the Asian-Pacific population experienced the greatest increase. These statistics show an unusual increase in both the Asian-Pacific population in Minneapolis and in the percentage of births to minors for this population.

This increase in births to Asian-Pacific minors must be compared with the abortion behavior of this population. The abortion rate is important to consider because the clinics' challenge to the notice law is predicated on the assumption that it keeps minors from getting abortions. The notice law can directly influence only the abortion rate and the birth rate is influenced by a reduction in the number of abortions. This implies that as the influence of the notice law on the abortion rate decreases, its potential influence on the birth rate should also decline. Yet, Dr. Paul Gunderson testified to the virtual non-existence of abortion to the Asian-Pacific population. See

T. 2076 (Dr. Paul Gunderson commenting on the low abortion rate of Asians in Minnesota). It is improbable, therefore, that a group with an extremely low abortion rate before the law went into effect would be the most effected by the law in terms of birth rate. Some other factor(s), and not the notice law, must explain this increase.

In summary, the Minneapolis data do not support the contention that birth rates for teens in Minneapolis increased because of the notice law. When viewed in conjunction with the data from other regions of Minnesota, it appears that the notice law did not increase births to teens in Minneapolis. Together with the marked decrease in pregnancy rates and abortion rates in Minnesota, these data demonstrate that the notice law, as applied, is reasonably related to preserving parental authority and protecting the health of minors.

CONCLUSION

The judgment of the United States Court of Appeals for the Eighth Circuit should be affirmed.

Respectfully submitted,

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APPENDIX

APPENDIX 1:

STATE REPORTING REQUIREMENTS AND PARENTAL
CONSENT OR NOTICE OF ABORTION STATUTES

ALABAMA: Parental consent statute enacted in 1987; in effect and enforced since September 23, 1987. Ala. Code sec. 26-21-3 (Supp. 1988); *Ex parte: State of Alabama* and *Ex parte: Anonymous*, 531 So.2d 901 (Ala. 1988).

No reporting statute.

ALASKA: Parental consent statute enacted in 1970. Alaska Stat. sec. 18.16.010(a)(3) (1987). On October 21, 1976, an opinion of the Attorney General declared that this subsection is "clearly unconstitutional."

No reporting statute.

ARIZONA: Parental notice statute enacted in 1982; Ariz. Rev. Stat. Ann. sec. 36-2152 (1986); enjoined by federal court. New parental consent statute enacted May 22, 1989, with an intended effective date of September 15, 1989; preliminarily enjoined by federal court on September 15, 1989, and injunction extended on September 22, 1989. *Planned Parenthood v. Neeley*, No. CIV 89-489 TUC ACM (D.Ariz. 1989).

Reporting statute in effect from January 1, 1968. Ariz. Rev. Stat. Ann. sec. 36-340 and 341 (1986).

ARKANSAS: Parental consent statute enacted in 1969. Ark. Stat. Ann. sec. 41-2555 (Supp. 1985). Enjoined by federal court in 1980. *Smith v. Bentley*, 493 F.Supp. 916 (E.D. Ark. 1980). New parental notification statute enacted in 1989. Ark. Acts 270.

Reporting statute in effect from February 19, 1981. Ark. Stat. Ann. sec. 20-18-603 (1987).

CALIFORNIA: Parental consent statute enacted in 1987, with intended effective date of January 1, 1988.

Cal. Health & Safety Code sec. 25958 (Supp. 1988). Continuing state court injunction since December 28, 1987, entered on facial challenge to parental consent statute. *American Academy of Pediatrics v. Van de Kamp*, No. 884574 (Cal. Super. Ct. Dec. 28, 1987), *appeal docketed*, No. A040911 (1st Cir. Cal. App. argued August, 1989).

Reporting statute was added by statutes in 1971, amended and effective on June 30, 1973, and operative on July 1, 1973. Cal. Health & Safety Code sec. 25955.5 (1984).

COLORADO: No parental or reporting statute.

CONNECTICUT: No parental or reporting statute.

DELAWARE: Parental notice statute enacted on June 17, 1969, but not presently operative. Del. Code Ann. tit. 24, sec. 1790(b)(3) (1981).

Reporting statute enacted on June 17, 1969. Del. Code Ann. tit. 24, sec. 1790(c) (1981).

DISTRICT OF COLUMBIA: No parental or reporting statute.

FLORIDA: Parental consent statute enacted in 1979. Fla. Stat. Ann. sec. 390.001(4)(a) (West Supp. 1985). Enjoined by federal court on July 10, 1979, and subsequently declared unconstitutional; *Scheinberg v. Smith*, 482 F.Supp. 529 (S.D. Fla. 1979), *aff'd*, 659 F.2d 476 (5th Cir. 1981); parental consent statute enacted on June 15, 1988, with intended effective date of October 1, 1988; enjoined by federal court injunction on facial challenge on October 6, 1988, which was dissolved on February 13, 1989. *Jacksonville Clergy Consultation v. Martinez*, 707 F. Supp. 1301 (M.D. Fla. 1989), *appeal docketed*, No. 89-3127 (11th Cir.). Declared unconstitutional on May 12, 1989. *In re T.W.*, 543 So.2d 837 (Fla. App. 5 Dist. 1989).

Reporting statute in effect as of August 5, 1979. Fla. Stat. Ann. tit. 29, sec. 390.002 (1986).

GEORGIA: Parental notice statute enacted on April 14, 1987, with intended effective date of July 1, 1987. Ga. Code Ann. sec. 24A-4401 (Supp. 1988). Enjoined by federal injunction on June 30, 1987. *Planned Parenthood v. Harris*, 670 F. Supp. 971 (N.D. Ga. 1987). Amended parental notice statute enacted on March 31, 1988, with intended effective date of July 1, 1988; enjoined by continuing federal injunction on July 11, 1988. *Planned Parenthood v. Harris*, 691 F.Supp. 1419 (N.D. Ga. 1988).

There are two reporting statutes in the Georgia Code of 1981, which became effective on November 1, 1982. Ga. Code Ann. sec. 31-10-19, 16-12-141 (1988).

HAWAII: No parental or reporting statute.

IDAHO: Parental notice statute enacted in 1973; Idaho Code sec. 18-609(6) (1985).

No reporting statute.

ILLINOIS: Parental consent statute (Ill. Ann. Stat. ch. 38, para. 81-51 *et seq.* (Smith-Hurd 1989)) enacted in 1977 with an effective date of Jan. 1, 1978; enjoined by federal court in *Wynn v. Scott*, 448 F.Supp. 997 (N.D. Ill. 1978), *aff'd* 582 F.2d 1375 (7th Cir. 1978); *see also Wynn v. Carey*, 559 F.2d 193 (7th Cir. 1979). Parental notice statute enacted on November 2, 1983, with intended effective date of January 31, 1984; Ill. Rev. Stat. ch. 38, para. 81-65 (1988); enjoined by continuing federal court injunction since January 26, 1984. *Hartigan v. Zbaraz*, 584 F.Supp. 1452 (N.D. Ill. 1984), *aff'd*, 763 F.2d 1532 (7th Cir. 1985), *aff'd by equally divided court*, 108 S.Ct. 479 (1989).

Reporting statute amended in 1984. Ill. Rev. Stat. ch. 38, para. 81-30 (1989). Enjoined by continuing federal court temporary restraining order since 1984 from gathering abortion statistics, *Herbst v. Daley*, No. 84 C 5602 (N.D. Ill. July 1, 1984).

INDIANA: Parental consent statute enacted in 1974; enjoined by federal court. *Gary-Northwest Women's Serv. Inc. v. Bowen*, 418 F.Supp. 9 (N.D. Ind. 1976), *aff'd on other grounds*, 429 U.S. 1067 (1977). Parental notification statute enacted in 1982, with intended effective date of Sept. 1, 1982; Ind. Code Ann. sec. 35-1-58.5-2.5 (Burns Supp. 1986). Enjoined by federal court in *Indiana Planned Parenthood v. Pearson*, 716 F.2d 1127 (7th Cir. 1983); New parental consent statute enacted in 1984; enforced since September 1, 1984.

Reporting statutes in effect as of July 26, 1973. Ind. Code Ann. sec. 35-1-58.5-3 and sec. 35-1-58.5-5 (Burns Supp. 1988).

IOWA: No current parental involvement or reporting statute.

KANSAS: No parental involvement statute.

Reporting statute in effect as of July 1, 1975. Kan. Stat. Ann. sec. 65-445 (1985).

KENTUCKY: Parental consent statute enacted in 1982 with intended effective date of July 15, 1982. Ky. Rev. Stat. Ann. sec. 311-732 (1983). A temporary restraining order was entered against Kentucky's entire abortion statute on July 9, 1982, and the entire Act was declared unconstitutional on September 11, 1984. See *Eubanks v. Brown*, 604 F. Supp. 141 (W.D. Ky. 1984). The parental consent statute was amended in 1984 and again in 1986 with an intended effective date of July 15, 1986; temporary restraining order entered on July 10, 1986, on facial challenge and order lifted in approximately March of 1989. On Aug. 23, 1988, the district court partially enjoined the law, but upheld it as modified. See *Eubanks v. Wilkinson*, No. C82-0360-L(A), slip op. at 35-36 (W.D. Ky. Aug. 23, 1988), *appeal docketed*, No. 88-6085 (6th Cir. Sept. 22, 1988), No. 89-5353 (6th Cir. Mar. 21, 1989).

Reporting statute intended to be in effect as of July 15, 1982, but a temporary restraining order was entered against the State's entire abortion Act on July 9, 1982, and then the Act was declared unconstitutional on September 11, 1984. See *Eubanks v. Brown*.

LOUISIANA: Parental consent statute enacted in 1978, amended in 1980 and amended and reenacted in 1981 with this most recent version going into effect on July 23, 1981; La. Rev. Stat. Ann. sec. 40:1299.35.5 (West Supp. 1988); upheld by federal court in *Margaret S. v. Treen*, 597 F. Supp. 636 (E.D. La. 1984).

Reporting statute enacted in 1978. La. Rev. Stat. Ann. sec. 40:1299.35.10, 40:1299.35.11 (1989). Constitutionality upheld except to the extent that the statute requires doctors to provide the zip code or residence of the pregnant woman. *Margaret S. v. Edwards*, 488 F. Supp. 181 (E.D. La. 1980). Related reporting statute enacted in 1979. La. Rev. Stat. Ann. sec. 40:48 (1989).

MAINE: Parental notice statute enacted in 1979 with an intended effective date of Sept. 14, 1979, but it was enjoined on Sept. 13, 1979. Me. Rev. Stat. Ann. tit. 22, sec. 1597 (1980 and Supp. 1988); *Women's Community Health Center v. Cohen*, 477 F. Supp. 542 (D.Me. 1979).

Reporting statute in effect as of March 31, 1978. Me. Rev. Stat. Ann. tit. 22, sec. 1596 (1980).

MARYLAND: Parental notice statute enacted in 1982; Md. Health-Gen. Code Ann. sec. 20-103 (1987). Attorney General issued opinion that it is unconstitutional. 70 Op. Atty. Gen. (Dec. 31, 1985).

Reporting statute in effect since 1968. Md. Health-Gen. Code Ann. sec. 20-208(c) (1987).

MASSACHUSETTS: Parental consent statute enacted on August 2, 1974, with intended effective date of October 31, 1974; Mass. Ann. Laws ch. 112, sec. 12 (Michie/Law. Co-op. 1985); enjoined by federal court on October

30, 1974; constitutionality upheld. The Massachusetts statute was enjoined and never enforced until after this Court's decision in 1981. *Bellotti v. Baird*, 443 U.S. 622, 625 n.1 (1979); constitutionality upheld. *Planned Parenthood v. Bellotti*, 641 F.2d 1006 (1st Cir. 1981).

Reporting statute was in effect as of 1974. Mass. Ann. Laws ch. 112, sec. 12R (Michie/Law. Co-op. 1985).

MICHIGAN: No parental statute.

Reporting statute enacted in 1978. Pub. Act 368 of 1978. Mich. Stat. Ann. sec. 14.15 (2835) (Callaghan 1988).

MISSISSIPPI: Parental consent statute enacted in 1986, with intended effective date of July 1, 1986; Miss. Code Ann. sec. 41-41-53 (1988); enjoined by continuing, preliminary federal injunction since July 2, 1986, on facial challenge. *Barnes v. Mississippi*, No. J86-0458 (w) (S.D. Miss. 5/13/87).

No reporting statute.

MISSOURI: Parental consent statute enacted on June 14, 1974, with intended effective date of June 14, 1974; upheld by federal court on January 31, 1975. *Planned Parenthood v. Danforth*, 392 F. Supp. 1362 (1975); parental consent statute enacted in 1979 with intended effective date of June 29, 1979; Mo. Ann. Stat. sec. 188.028 (Vernon Supp. 1989); enjoined by federal court injunction from time of enactment until 1985. See *Planned Parenthood v. Ashcroft*, 483 F. Supp. 679, 683 (W.D. Mo. 1980); constitutionality upheld in *Planned Parenthood v. Ashcroft*, 462 U.S. 476 (1983); subject to renewed challenge; injunction lifted in 1986. *T.L.J. v. Webster*, 792 F.2d 734 (8th Cir. 1986).

Reporting statutes have been in effect since June 29, 1979. Mo. Ann. Stat. sec. 188.052 and 188.055 (Vernon Supp. 1989); upheld in *Planned Parenthood v. Danforth*, 428 U.S. 52 (1976).

MONTANA: Parental notice statute enacted in 1974, but not presently operative. Mont. Code Ann. sec. 50-20-107 (1987).

Reporting statute in effect since 1974. Mont. Code Ann. sec. 50-20-110 (1987).

NEBRASKA: Parental notice statute enacted in 1981 with effective date of May 29, 1981; Neb. Rev. Stat. sec. 28-347 (1985); enjoined on September 16, 1983, in *Orr v. Knowles*, No. 81-0-301 (D.Neb. Sept. 16, 1983).

Reporting statute in effect as of July 1, 1978. Neb. Rev. Stat. sec. 28-343, 344, 345 (1985). Declared unconstitutional and enjoined insofar as statute requires physicians to make an official report of "prescribed" abortions. *Women's Services, P.C. v. Thone*, 483 F. Supp. 1022 (D. Neb. 1979).

NEVADA: Parental notice statute enacted on June 14, 1985, with intended effective date of July 1, 1985; Nev. Rev. Stat. sec. 442.255 (1986 & Supp. 1988); enjoined by continuing federal injunction since June 28, 1985, entered on facial challenge; appeal pending before Ninth Circuit since July 24, 1985. *Glick v. McKay*, 616 F. Supp. 322 (D. Nev. 1985), appeal docketed, No. 85-2335 (9th Cir. 1985).

Reporting statute in effect as of 1973. Nev. Rev. Stat. sec. 442.260 (1986).

NEW HAMPSHIRE: No parental or reporting statute.

NEW JERSEY: No parental or reporting statute.

NEW MEXICO: No parental statute.

Reporting statute enacted in 1977. N.M. Stat. Ann. sec. 24-14-18 (1986).

NEW YORK: No parental statute.

Reporting statute enacted in 1953 and most recently amended in 1987, effective Jan. 1, 1988. N.Y. Pub. Health Law sec. 4160, 4161 (McKinney 1989).

NORTH CAROLINA: No parental or reporting statute.

NORTH DAKOTA: Parental consent statute enacted in 1981; N.D. Cent. Code sec. 14-02.1-03.1 (Supp. 1987).

Reporting statute in effect since 1975; N.D. Cent. Code sec. 14-02.1-07; upheld in *Leigh v. Olson*, 497 F. Supp. 1340 (D. N.D. 1980).

OHIO: Parental notice statute enacted on November 20, 1985, with intended effective date of March 24, 1986; Ohio Rev. Code Ann. sec. 2151.85, 2919.12, and 2505.73 (Page Supp. 1985); -enjoined by continuing federal injunction on facial challenge since March 31, 1986 (TRO), which became a preliminary injunction on April 22, 1986; *Akron Center for Reproductive Health v. Slaby*, 633 F. Supp. 1123 (N.D. Ohio 1986), *aff'd*, 854 F.2d 852 (6th Cir. 1988), *prob. juris. noted sub nom.*, *Ohio v. Akron Center for Reproductive Health, Inc.*, U.S. No. 88-805.

No reporting statute.

OKLAHOMA: No parental law.

Reporting statute in effect as of October 1, 1978. Okla. Stat. Ann. tit. 63, sec. 1-738, 1-739 (West 1984).

OREGON: No parental law.

Reporting statute enacted in 1983. Or. Rev. Stat. Ann. sec. 435.496 (1987).

PENNSYLVANIA: Parental consent statute enacted in 1982; Pa. Stat. Ann. tit. 18, sec. 3206 (Purdon 1983); parental consent statute amended on March 25, 1988, with intended effective date of April 24, 1988; enjoined by continuing federal injunction since April 21, 1988, on May 23, 1988. *Planned Parenthood v. Casey*, 686 F.Supp. 1089 (E.D. Pa. 1988).

Reporting statute enacted in 1982. Pa. Stat. Ann. tit. 18, sec. 3214 (Purdon 1983). Partially enjoined in

American College of Obstetricians and Gynecologists v. Thornburgh, 613 F.Supp. 656 (E.D. Penn. 1985). The statute was amended on March 3, 1988, with an intended effective date of April 24, 1988. On April 21, 1988, a federal court granted a temporary restraining order and enjoined public disclosure of reports filed pursuant to sec. 3214(f). *Planned Parenthood v. Casey*, 686 F.Supp. at 1092. Then, the court permanently enjoined certain provisions of the reporting statute on May 23, 1988. *Id.* at 1129-1134.

RHODE ISLAND: Parental consent law enacted in 1982; R.I. Gen. Laws sec. 23-4.7-6 (Supp. 1985).

No reporting statute.

SOUTH CAROLINA: Parental consent statute was enacted in 1974; S.C. Code Ann. sec. 44-41-30 (Law. Co-op. 1985); enjoined by federal court; *Floyd v. Anders*, 440 F.Supp. 535 (D.S.C. 1977).

Reporting statute in effect as of 1975. S.C. Code Ann. sec. 44-41-60 (Law. Co-op. 1985).

SOUTH DAKOTA: Parental consent statute was enacted in 1973, but it is not presently operative. S.D. Codified Laws Ann. sec. 34-23A-7 (1986).

Reporting statute in effect as of 1973. S.D. Codified Laws Ann. sec. 34-23A-19 (1986).

TENNESSEE: Parental consent statute enacted in 1978; Tenn. Code Ann. sec. 39-4-202 (1982); enjoined by federal court in 1979; *Planned Parenthood v. Alexander*, No. 79-843 (Tenn. Ch. Ct. Oct. 24, 1979); parental consent statute enacted May 12, 1988, with intended effective date of July 1, 1989; enjoined by continuing federal injunction on facial challenge on June 30, 1989; and ruled unconstitutional on July 24, 1989, in *Planned Parenthood v. McWherter*, 716 F.Supp. 1064 (M.D. Tenn. 1989), *appeal docketed*, No. 89-6026 (6th Cir. Aug. 15, 1989).

Reporting statute in effect as of 1973. Tenn. Code Ann. sec. 39-4-203 (1982).

TEXAS: No parental or reporting statute.

UTAH: Parental notice statute enacted in 1974; Utah Code Ann. sec. 76-7-304 (1978); enjoined by federal court injunction; *L.R. v. Hanson*, No. 80-78 (D. Utah Feb. 8, 1980); constitutionality upheld in *H.L. v. Matheson*, 450 U.S. 398 (1981); subject to renewed challenge in 1986; *H.B. v. Wilkinson*, 639 F.Supp. 952 (D. Utah 1986). Upheld and in effect.

Reporting statute in effect from 1974 and amended in 1981. Utah Code Ann. sec. 76-7-313 (1978).

VERMONT: No parental or reporting statute.

VIRGINIA: No parental or reporting statute.

WASHINGTON: Parental consent statute enacted in 1970 with effective date of May 14, 1970; Wash. Rev. Code sec. 9.02.070 (1974). Enjoined on January 7, 1975, in *State v. Koome*, 84 Wash.2d 901, 530 P.2d 260 (1975).

No reporting statute.

WEST VIRGINIA: Parental notice statute enacted in 1984; W. Va. Code sec. 16-2F-3 (1985).

No reporting statute.

WISCONSIN: No parental statute.

Reporting statute enacted in 1985 and in effect as of Nov. 1, 1986. Wis. Stat. Ann. sec. 69.186 (West 1989).

WYOMING: Parental consent and notice statute enacted in 1989 with an effective date of June 8, 1989. Wyo. Stat. sec. 35-6-118 (1989).

Reporting statute in effect after May 27, 1977. Wyo. Stat. sec. 35-6-107 and 108 (1988).

Table 1
Abortions, Births, and Pregnancies*

YEAR	AGE	ABORTIONS	BIRTHS	(FETAL DEATHS)	PREGNANCIES
1973	10-17	.	2406	24	.
	18-19	.	4509	46	.
	20-24	.	18278	123	.
	25-54	.	27211	277	.
1974	10-17	.	2330	35	.
	18-19	.	4649	37	.
	20-24	.	19096	174	.
	25-54	.	28198	267	.
1975	10-17	1507	2427	24	3958
	18-19	1758	4693	43	6494
	20-24	2702	19137	162	22001
	25-54	2161	28746	238	31145
1976	10-17	2060	2309	22	4391
	18-19	2511	4469	37	7017
	20-24	3643	18630	158	22431
	25-54	2895	29678	264	32837
1977	10-17	2274	2280	19	4573
	18-19	2693	4604	50	7347
	20-24	4528	19863	133	24524
	25-54	3529	32492	261	36282
1978	10-17	2186	2069	16	4271
	18-19	3054	4644	40	7738
	20-24	5066	19851	141	25058
	25-54	3872	33710	267	37849
1979	10-17	2308	2035	21	4364
	18-19	3293	4720	44	8057
	20-24	5683	20938	126	26747
	25-54	4355	35823	245	40423

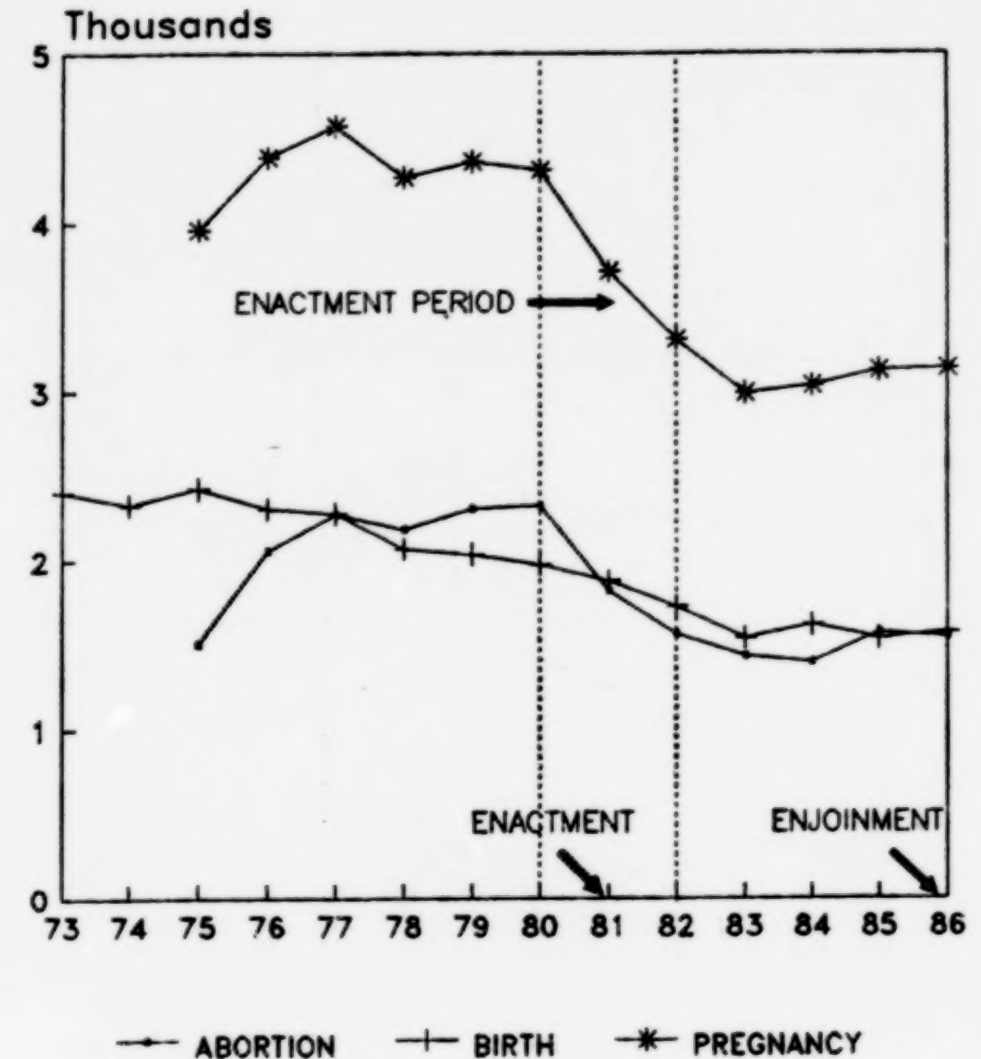
* Source: Raw data provided by the Minnesota Department of Health. Reported abortions, births, (fetal deaths) and pregnancies are those occurring in Minnesota, with non-residents and women of unknown age excluded. Pregnancies = abortions + births + fetal deaths. Assumes negligible occurrence of abortion to those of age 9 and below and age 55 and above. Abortion data unavailable for 1973 and 1974.

Table 1 (Continued)
Abortions, Births, and Pregnancies

YEAR	AGE	ABORTIONS	BIRTHS	(FETAL DEATHS)	PREGNANCIES
1980	10-17	2327	1974	14	4315
	18-19	3380	4883	38	8301
	20-24	6054	21899	140	28093
	25-54	4716	37236	246	42198
1981	10-17	1820	1876	18	3714
	18-19	3064	4602	31	7697
	20-24	6047	21638	135	27820
	25-54	4881	38654	269	43804
1982	10-17	1564	1727	16	3307
	18-19	2799	4216	37	7052
	20-24	5983	21161	132	27256
	25-54	5180	39581	242	45003
1983	10-17	1432	1538	17	2987
	18-19	2547	3641	35	6223
	20-24	5467	19319	137	24943
	25-54	5012	39308	260	44581
1984	10-17	1395	1617	19	3031
	18-19	2586	3502	24	6112
	20-24	6032	18864	136	25032
	25-54	5525	40941	282	46748
1985	10-17	1570	1537	15	3122
	18-19	2531	3401	26	5958
	20-24	6067	18409	109	24585
	25-54	5812	42157	281	48250
1986	10-17	1545	1573	15	3133
	18-19	2372	3096	25	5493
	20-24	5724	16959	109	22792
	25-54	6035	42269	240	48544

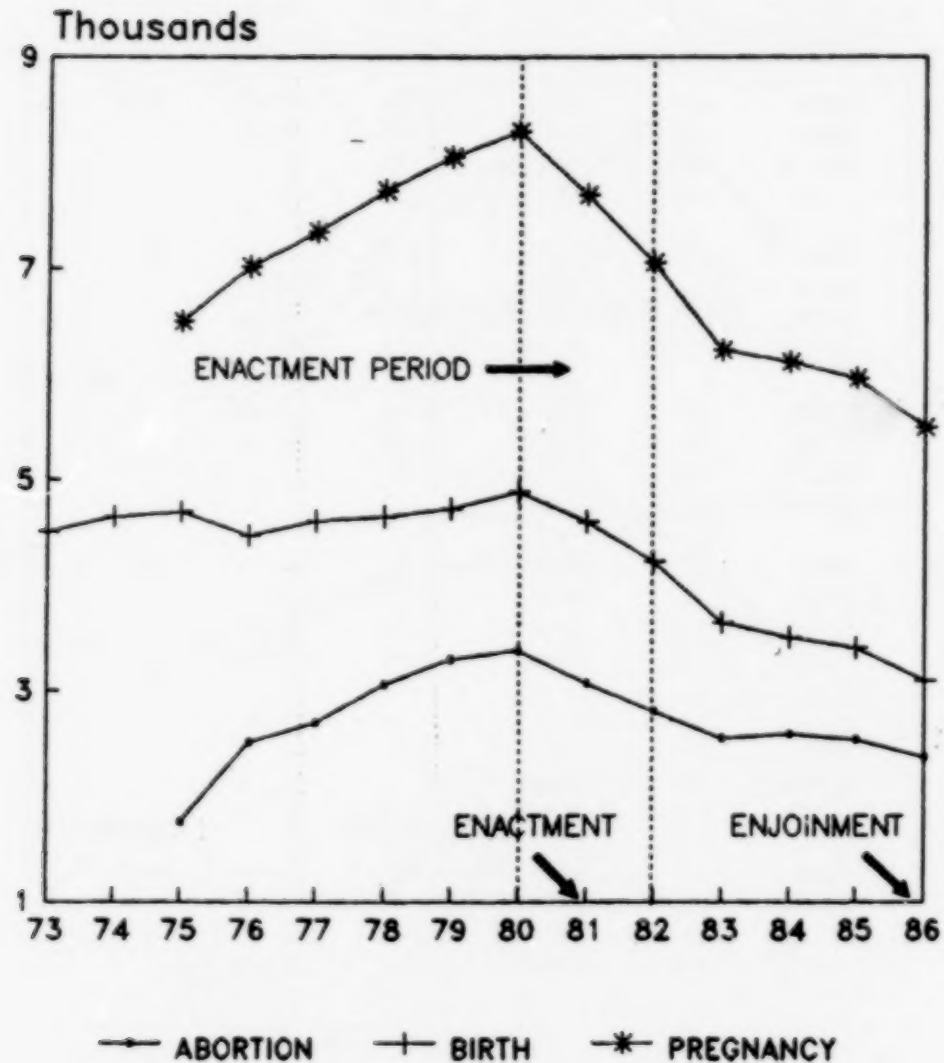
* Source: Raw data provided by the Minnesota Department of Health. Reported abortions, births, (fetal deaths) and pregnancies are those occurring in Minnesota, with non-residents and women of unknown age excluded. Pregnancies = abortions + births + fetal deaths. Assumes negligible occurrence of abortion to those of age 9 and below and age 55 and above. Abortion data unavailable for 1973 and 1974.

Figure 1a
Abortions, Births, and Pregnancies
Ages 10-17



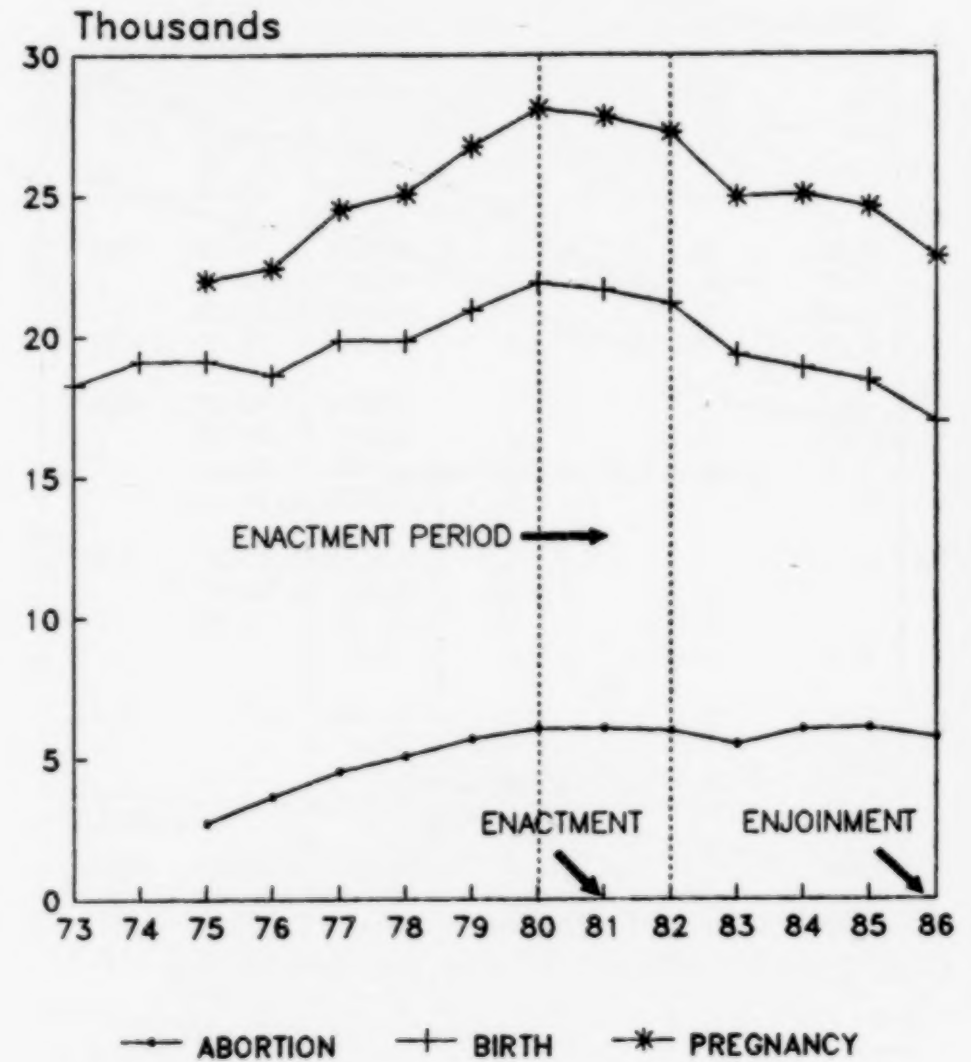
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Figure 1b
Abortions, Births, and Pregnancies
Ages 18-19



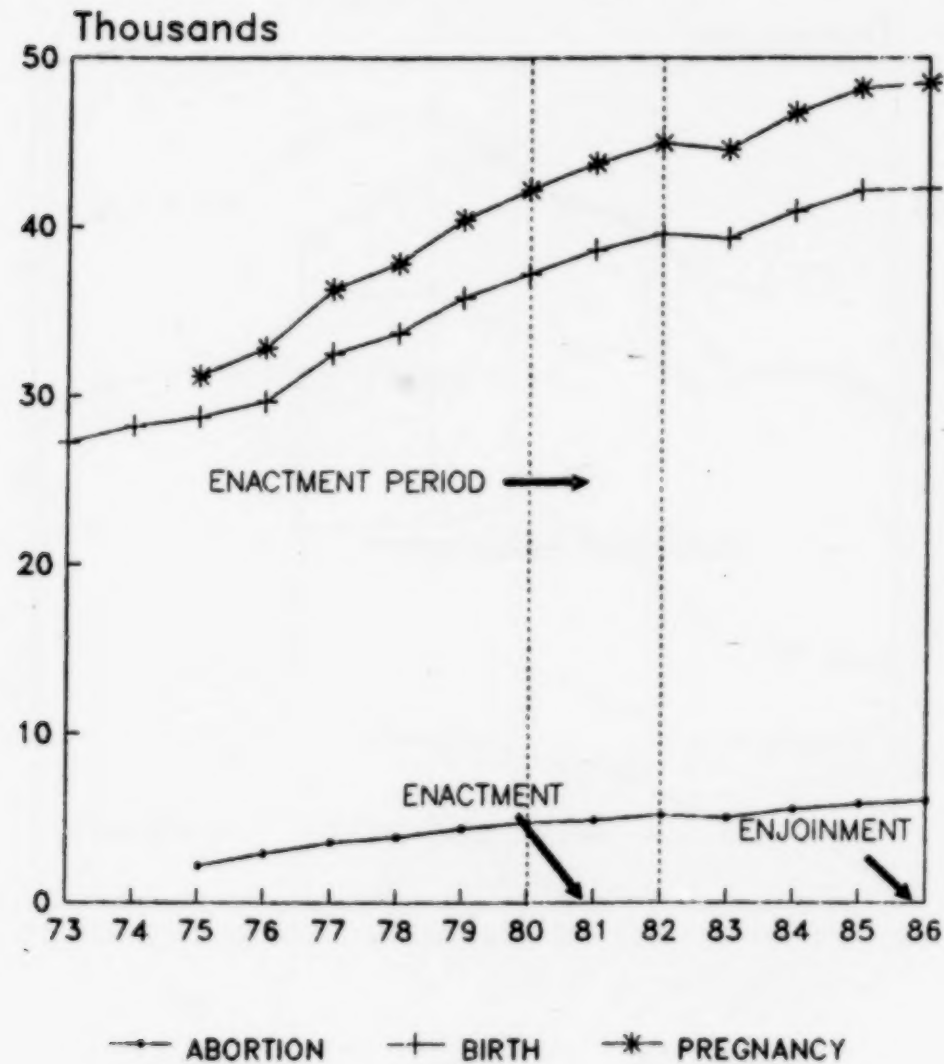
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Figure 1c
Abortions, Births, and Pregnancies
Ages 20-24



16a

Figure 1d
Abortions, Births, and Pregnancies
Ages 25-54



17a

Table 2
Abortion, Birth, and Pregnancy Rates*

YEAR	AGE	POPULATION	ABORTION RATE	BIRTH RATE	PREGNANCY RATE
1973	10-17	319596	.	7.5	.
	18-19	72982	.	61.8	.
	20-24	177400	.	103.0	.
	25-54	652953	.	41.7	.
1974	10-17	318010	.	7.3	.
	18-19	73248	.	63.5	.
	20-24	178011	.	106.7	.
	25-54	659470	.	42.8	.
1975	10-17	310605	4.9	7.8	12.7
	18-19	85997	20.4	54.6	75.5
	20-24	178645	15.1	107.1	123.2
	25-54	683332	3.2	42.1	45.6
1976	10-17	305394	6.8	7.6	14.4
	18-19	86924	28.9	51.4	80.7
	20-24	183437	19.9	101.6	122.3
	25-54	689068	4.1	42.5	47.0
1977	10-17	286203	7.7	7.7	15.4
	18-19	86249	31.2	53.4	85.2
	20-24	187586	24.1	105.9	130.7
	25-54	709131	5.0	45.8	51.2
1978	10-17	288244	7.6	7.2	14.8
	18-19	85698	35.6	54.2	90.3
	20-24	192125	26.4	103.3	130.4
	25-54	724824	5.3	46.5	52.2
1979	10-17	282243	8.2	7.2	15.5
	18-19	85227	38.6	55.4	94.5
	20-24	196312	29.0	106.7	136.3
	25-54	744422	5.9	48.1	54.3

* Rate per 1000 female population. Source: Raw data provided by the Minnesota Department of Health. Rates reflect abortions, births, (fetal deaths), and pregnancies occurring in Minnesota, with non-residents and women of unknown age excluded. Assumes negligible occurrence of abortion to those of age 9 and below and age 55 and above. Abortion data unavailable for 1973 and 1974.

18a

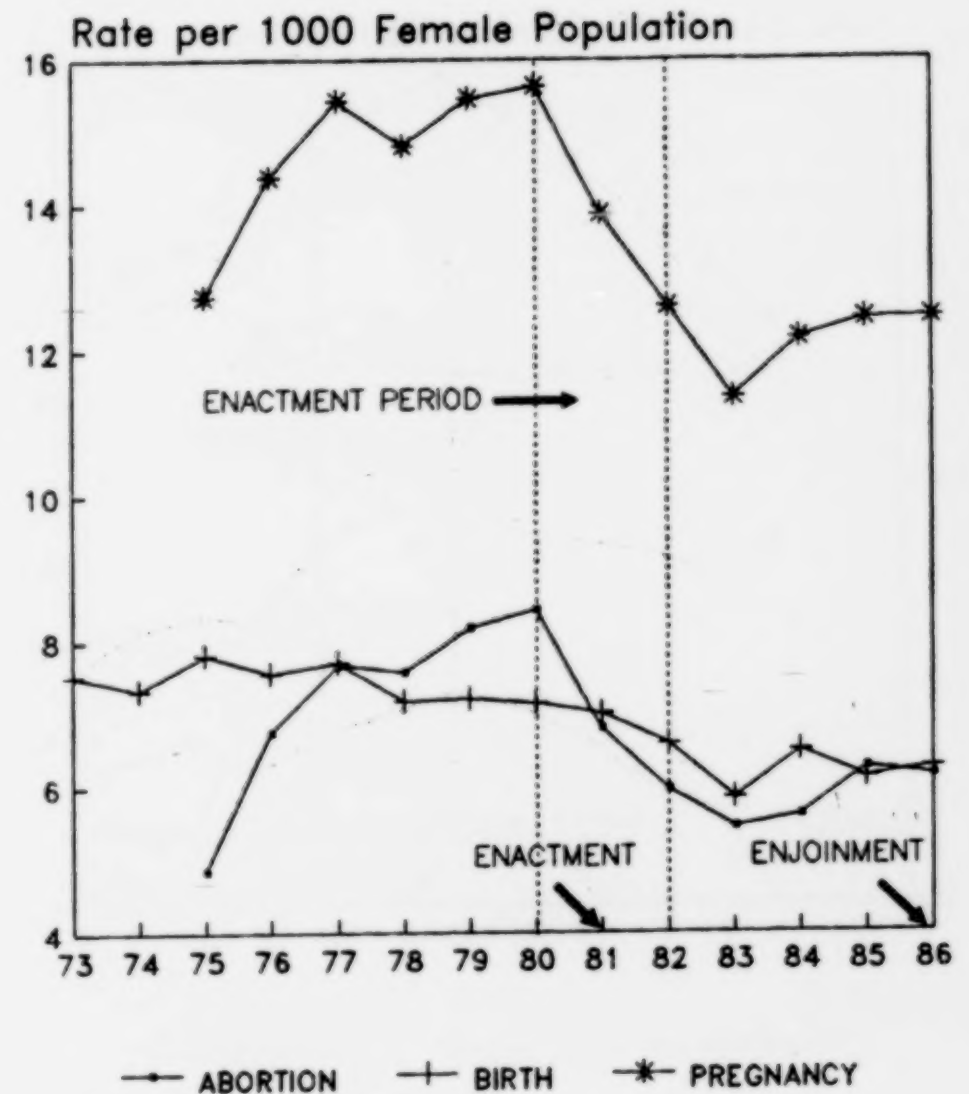
Table 2 (Continued)
Abortion, Birth, and Pregnancy Rates*

YEAR	AGE	POPULATION	ABORTION RATE	BIRTH RATE	PREGNANCY RATE
1980	10-17	276088	8.4	7.2	15.6
	18-19	84247	40.1	56.0	96.5
	20-24	198731	30.5	110.2	141.4
	25-54	754692	6.3	49.3	55.9
1981	10-17	267488	6.8	7.0	13.9
	18-19	80222	38.2	57.4	96.0
	20-24	198269	30.5	109.1	140.3
	25-54	770544	6.3	50.2	56.9
1982	10-17	262199	6.0	6.6	12.6
	18-19	77282	36.2	54.6	91.3
	20-24	197924	30.1	106.9	137.7
	25-54	787094	6.6	50.3	57.2
1983	10-17	263225	5.4	5.8	11.4
	18-19	77506	32.9	47.0	80.3
	20-24	198460	27.7	97.3	125.7
	25-54	789802	6.4	49.8	56.5
1984	10-17	249162	5.6	6.5	12.2
	18-19	74080	34.9	47.3	82.5
	20-24	199312	30.3	94.7	125.6
	25-54	798979	6.9	51.2	58.5
1985	10-17	251107	6.3	6.1	12.4
	18-19	74610	33.9	45.6	79.9
	20-24	200994	30.2	91.6	122.3
	25-54	806028	7.2	52.3	59.9
1986	10-17	251825	6.1	6.3	12.4
	18-19	74689	31.8	41.5	73.5
	20-24	201415	28.4	84.2	113.2
	25-54	808824	7.4	52.3	60.0

* Rate per 1000 female population. Source: Raw data provided by the Minnesota Department of Health. Rates reflect abortions, births, (fetal deaths), and pregnancies occurring in Minnesota, with non-residents and women of unknown age excluded. Assumes negligible occurrence of abortion to those of age 9 and below and age 55 and above. Abortion data unavailable for 1973 and 1974.

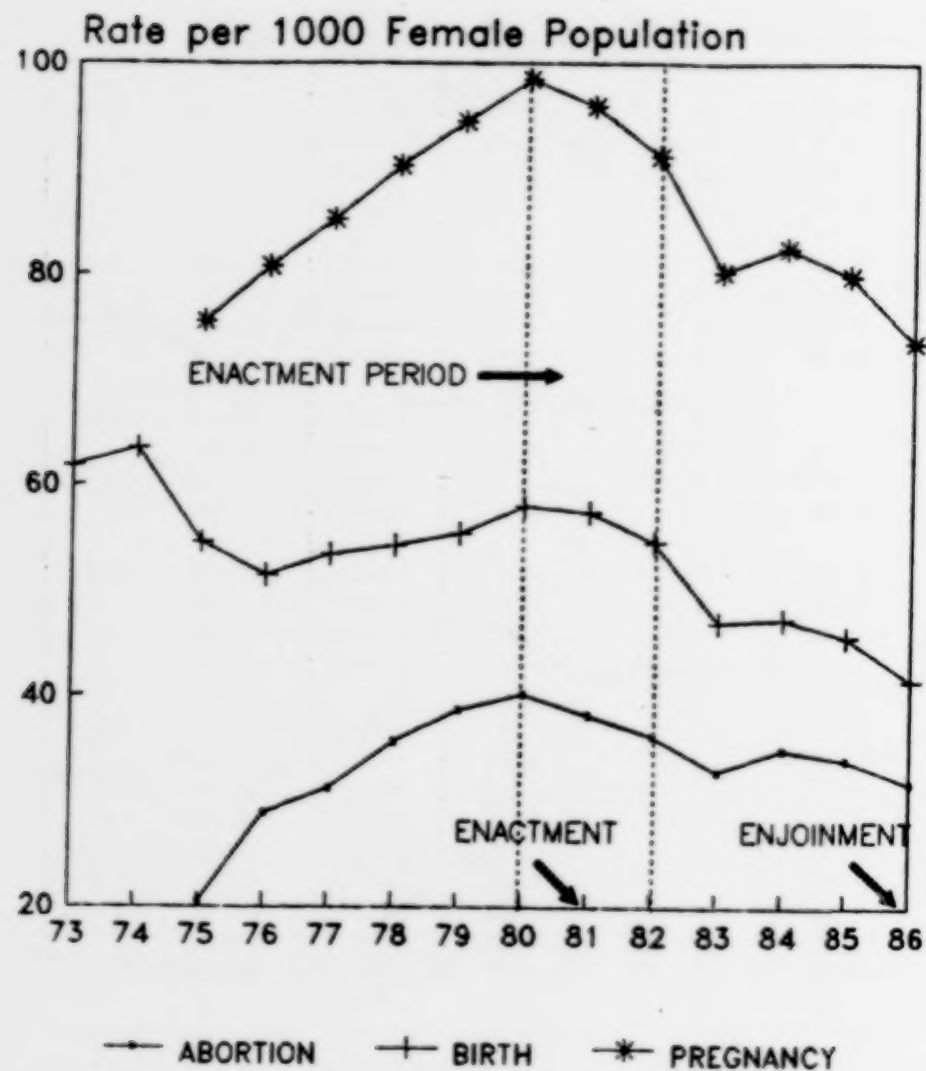
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Figure 2a
Abortion, Birth, and Pregnancy Rates
Ages 10-17



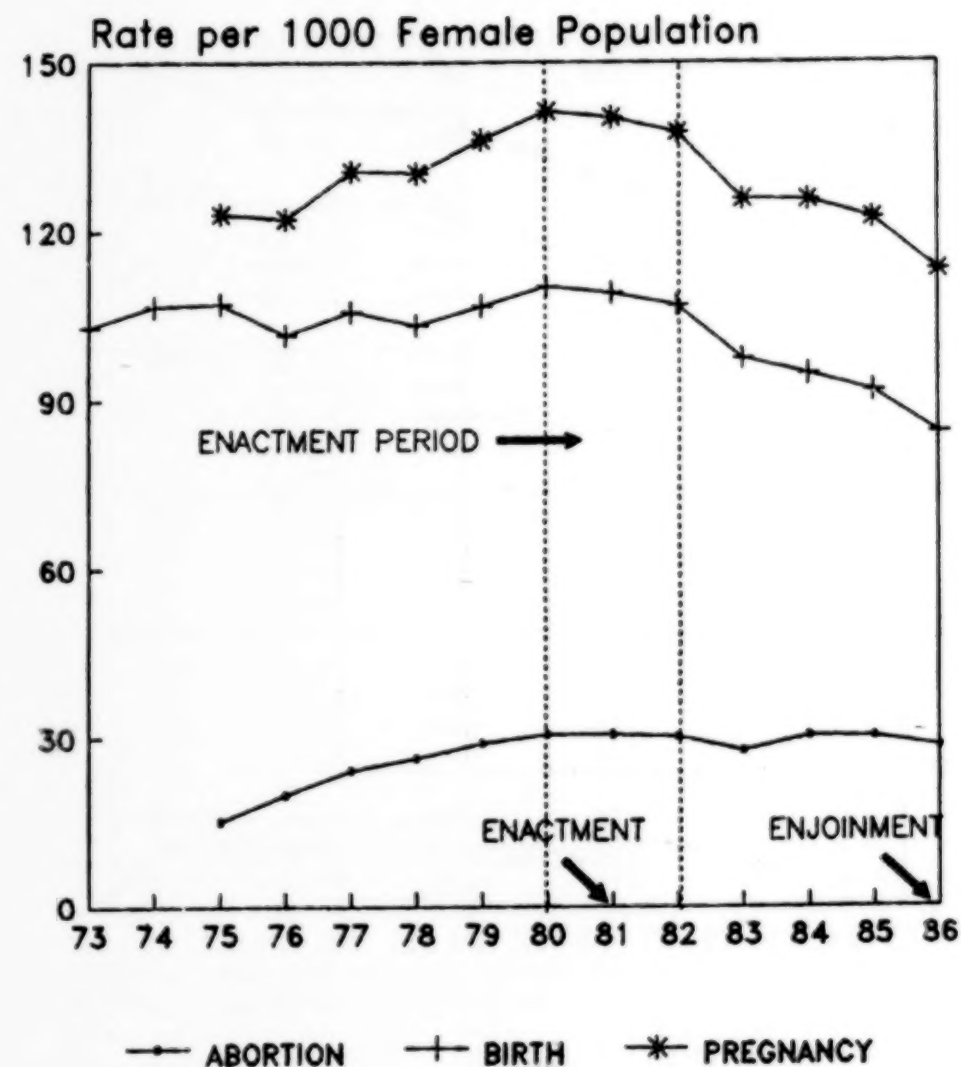
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Figure 2b
Abortion, Birth, and Pregnancy Rates
Ages 18-19



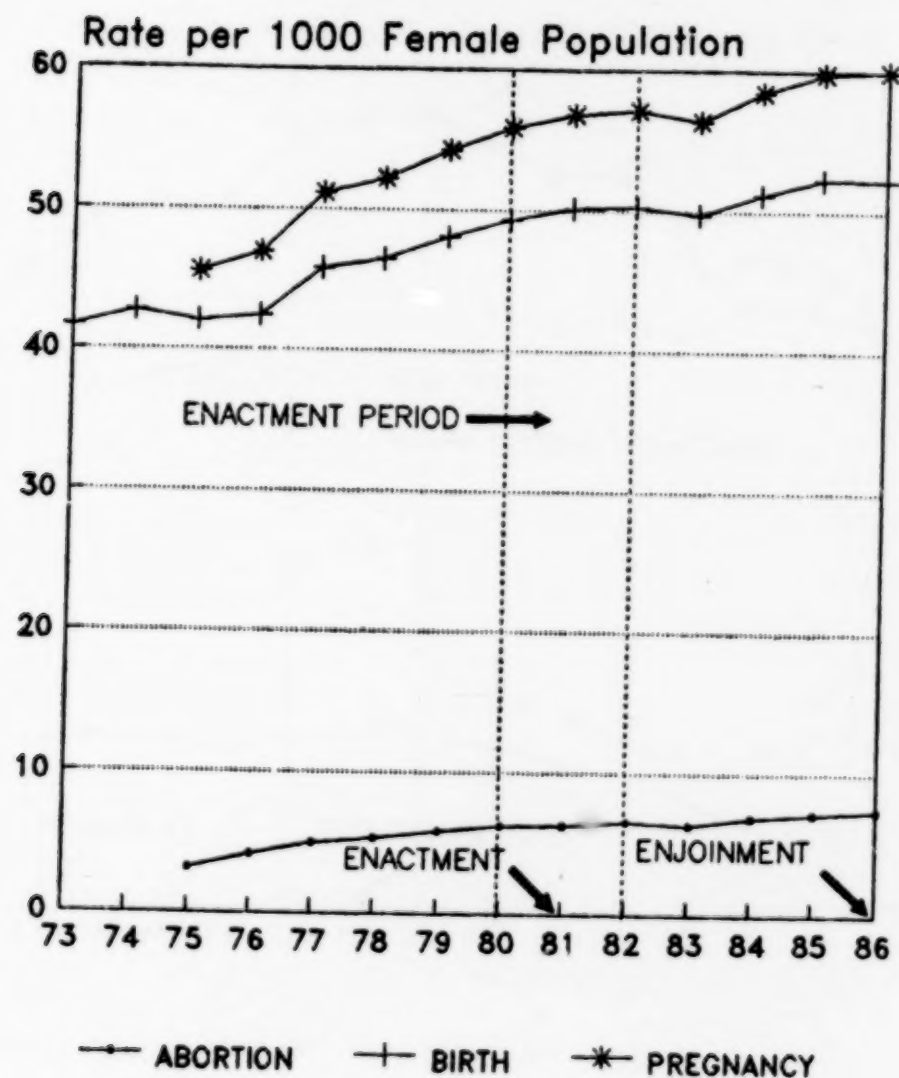
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Figure 2c
Abortion, Birth, and Pregnancy Rates
Ages 20-24



22a

Figure 2d
Abortion, Birth, and Pregnancy Rates
Ages 25-54



23a

Table 3
Number and Percentage of Abortions
with Gestation Age > 12 Weeks*

YEAR	AGE	TOTAL NUMBER OF ABORTIONS	ABORTIONS PERFORMED AT > 12 WKS GESTATION	PERCENTAGE OF ABORTIONS PERFORMED AT > 12 WKS GESTATION
1975	10-17	1507	270	17.9
	18-19	1758	228	13.0
	20-24	2702	275	10.2
	25-54	2161	189	8.7
1976	10-17	2060	470	22.8
	18-19	2511	426	17.0
	20-24	3643	446	12.2
	25-54	2895	306	10.6
1977	10-17	2274	474	20.8
	18-19	2693	464	17.2
	20-24	4528	512	11.3
	25-54	3529	368	10.4
1978	10-17	2186	403	18.4
	18-19	3054	449	14.7
	20-24	5066	505	10.0
	25-54	3872	302	7.8
1979	10-17	2308	432	18.7
	18-19	3293	460	14.0
	20-24	5683	591	10.4
	25-54	4355	327	7.5
1980	10-17	2327	510	21.9
	18-19	3380	562	16.6
	20-24	6054	661	11.2
	25-54	4716	403	8.5

* Source: Raw data provided by the Minnesota Department of Health. Table reflects abortions occurring in Minnesota, with non-residents and women of unknown age excluded. Assumes negligible occurrence of abortion to those of age 9 and below and age 55 and above.

24a

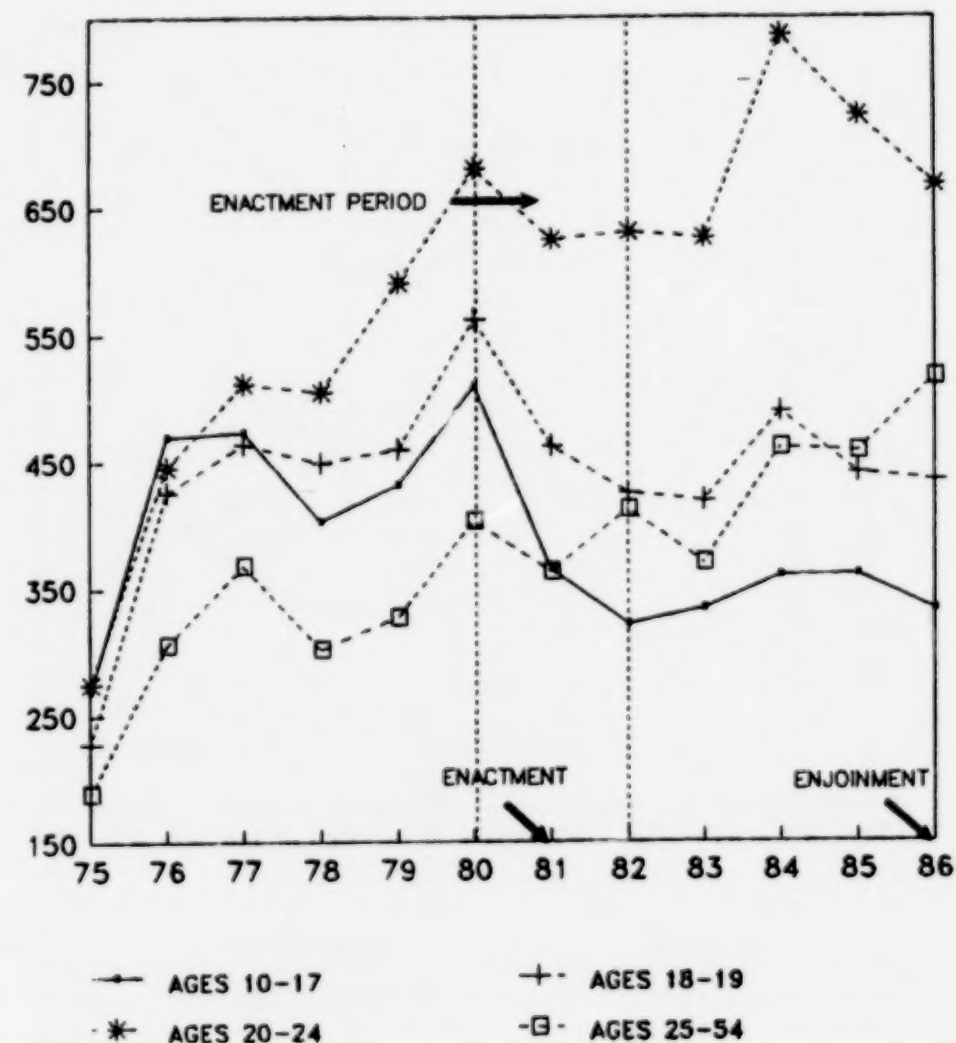
Table 3 (Continued)
Number and Percentage of Abortions
with Gestation Age > 12 Weeks*

YEAR	AGE	TOTAL NUMBER OF ABORTIONS	ABORTIONS PERFORMED AT > 12 WKS GESTATION	PERCENTAGE OF ABORTIONS PERFORMED AT > 12 WKS GESTATION
1981	10-17	1820	365	20.1
	18-19	3064	462	15.1
	20-24	6047	625	10.3
	25-54	4881	363	7.4
1982	10-17	1564	322	20.6
	18-19	2799	425	15.2
	20-24	5963	631	10.6
	25-54	5180	412	8.0
1983	10-17	1432	334	23.3
	18-19	2547	419	16.5
	20-24	5487	626	11.4
	25-54	5012	370	7.4
1984	10-17	1395	360	25.8
	18-19	2586	489	18.9
	20-24	6032	786	13.0
	25-54	5525	461	8.3
1985	10-17	1570	361	23.0
	18-19	2531	441	17.4
	20-24	6067	723	11.9
	25-54	5812	458	7.9
1986	10-17	1545	333	21.6
	18-19	2372	435	18.3
	20-24	5724	668	11.7
	25-54	6035	516	8.6

* Source: Raw data provided by the Minnesota Department of Health. Table reflects abortions occurring in Minnesota, with non-residents and women of unknown age excluded. Assumes negligible occurrence of abortion to those of age 9 and below and age 55 and above.

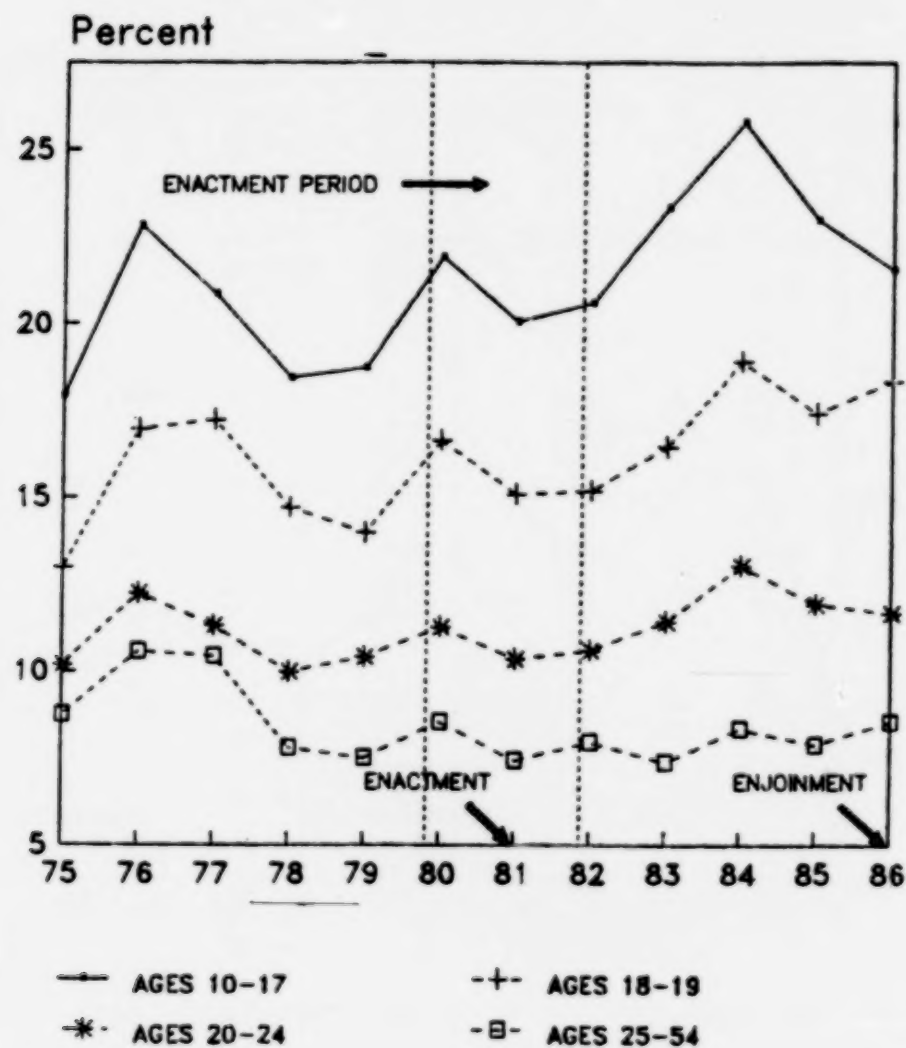
25a

Figure 3a
Number of Abortions
with Gestation Age > 12 Weeks



26a

Figure 3b
Percentage of Abortions
with Gestation Age > 12 Weeks



27a

Table 4
Number and Percentage of Abortions
with Reported Medical Complications*

YEAR	AGE	TOTAL NUMBER OF ABORTIONS	ABORTIONS WITH MEDICAL COMPLICATIONS	PERCENTAGE OF ABORTIONS WITH MEDICAL COMPLICATIONS
1975	10-17	1507	16	1.06
	18-19	1758	25	1.42
	20-24	2702	32	1.18
	25-54	2161	26	1.20
1976	10-17	2060	11	0.53
	18-19	2511	7	0.28
	20-24	3643	20	0.55
	25-54	2885	21	0.73
1977	10-17	2274	5	0.22
	18-19	2693	6	0.22
	20-24	4528	14	0.31
	25-54	3529	11	0.31
1978	10-17	2186	8	0.37
	18-19	3054	19	0.62
	20-24	5066	26	0.51
	25-54	3872	19	0.49
1979	10-17	2308	3	0.13
	18-19	3293	2	0.06
	20-24	5683	8	0.14
	25-54	4355	5	0.11
1980	10-17	2327	6	0.26
	18-19	3380	10	0.30
	20-24	6054	8	0.13
	25-54	4716	14	0.30

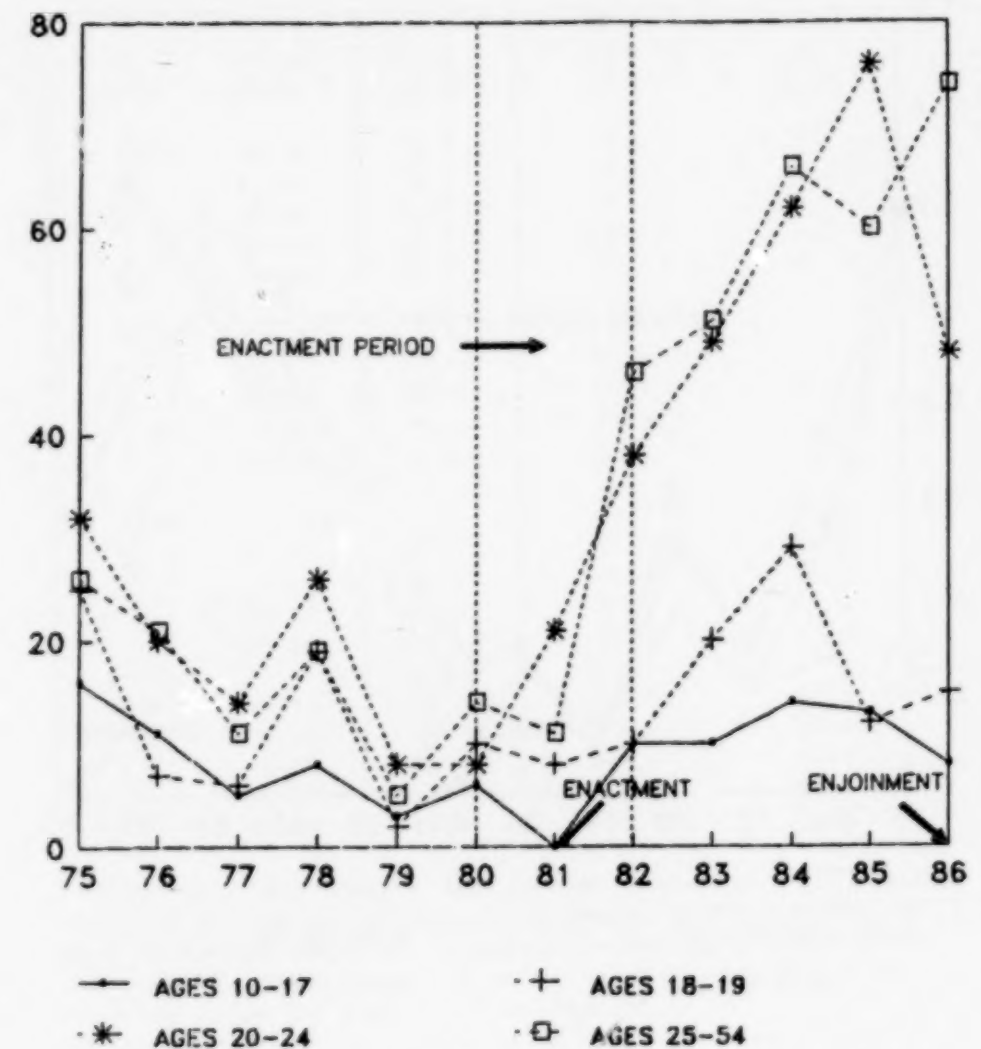
* Source: Raw data provided by the Minnesota Department of Health. Table reflects abortions occurring in Minnesota, with non-residents and women of unknown age excluded. Assumes negligible occurrence of abortion to those of age 9 and below and age 55 and above.

Table 4 (Continued)
Number and Percentage of Abortions
with Reported Medical Complications*

YEAR	AGE	TOTAL NUMBER OF ABORTIONS	ABORTIONS WITH MEDICAL COMPLICATIONS	PERCENTAGE OF ABORTIONS WITH MEDICAL COMPLICATIONS
1981	10-17	1820	0	0.00
	18-19	3064	8	0.26
	20-24	6047	21	0.35
	25-54	4881	11	0.23
1982	10-17	1564	10	0.64
	18-19	2799	10	0.36
	20-24	5963	38	0.64
	25-54	5180	46	0.89
1983	10-17	1432	10	0.70
	18-19	2547	20	0.79
	20-24	5487	49	0.89
	25-54	5012	51	1.02
1984	10-17	1395	14	1.00
	18-19	2586	29	1.12
	20-24	6032	62	1.03
	25-54	5525	66	1.19
1985	10-17	1570	13	0.83
	18-19	2531	12	0.47
	20-24	6067	76	1.25
	25-54	5812	60	1.03
1986	10-17	1545	8	0.52
	18-19	2372	15	0.63
	20-24	5724	48	0.84
	25-54	6035	74	1.23

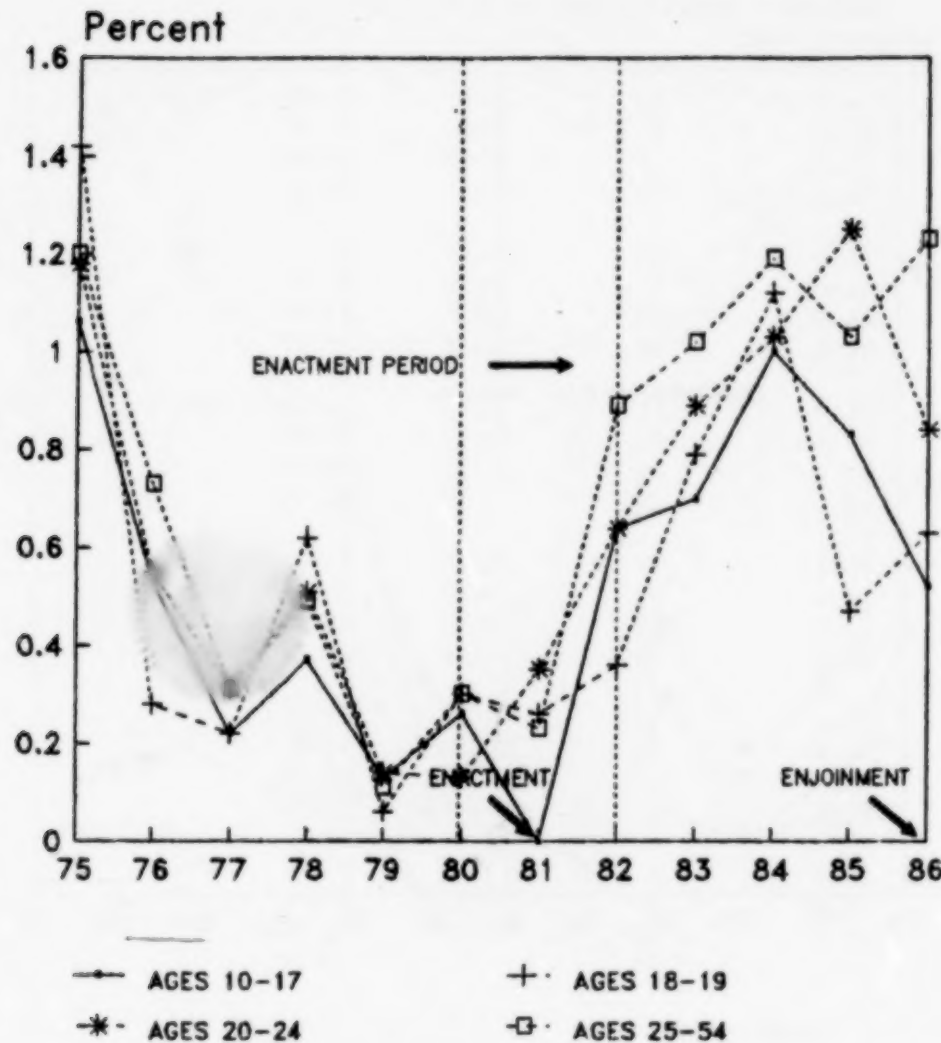
* Source: Raw data provided by the Minnesota Department of Health. Table reflects abortions occurring in Minnesota, with non-residents and women of unknown age excluded. Assumes negligible occurrence of abortion to those of age 9 and below and age 55 and above.

Figure 4a
Number of Abortions
with Reported Medical Complications



30a

Figure 4b
Percentage of Abortions
with Reported Medical Complications



31a

Table 5
Birth Rate
for Different Regions of Minnesota*

YEAR	AGE	MINNESOTA	METROPOLITAN MINNEAPOLIS**	MINNEAPOLIS
1973	10-14	0.4	0.4	.
	15-17	20.4	20.4	.
	18-19	63.7	53.9	.
	20-24	106.0	96.1	.
	25-34	95.4	82.2	.
1974	10-14	0.3	0.3	.
	15-17	19.1	19.1	.
	18-19	64.5	57.4	.
	20-24	109.3	106.0	.
	25-34	97.8	83.3	.
1975	10-14	0.4	0.4	.
	15-17	21.0	18.7	.
	18-19	56.1	48.7	.
	20-24	110.2	91.3	.
	25-34	93.9	86.9	.
1976	10-14	0.4	0.4	1.7
	15-17	19.7	18.2	36.7
	18-19	52.9	47.0	48.8
	20-24	104.5	85.0	62.9
	25-34	93.6	85.8	67.9
1977	10-14	0.3	0.3	1.1
	15-17	19.6	18.3	39.4
	18-19	55.1	48.1	58.1
	20-24	108.1	86.5	64.4
	25-34	96.6	89.6	72.9

* Rate per 1000 female population. Sources: Raw data provided by the Minnesota and Minneapolis Departments of Health. Non-residents and women of unknown age are excluded. Minneapolis data were provided in a form unsuitable for figuring rates for ages 35-44 or above.

** Metropolitan Minneapolis is defined as a seven-county region including Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.

32a

Table 5 (Continued)
Birth Rate
for Different Regions of Minnesota*

YEAR	AGE	MINNESOTA	METROPOLITAN MINNEAPOLIS**	MINNEAPOLIS
1978	10-14	0.4	0.4	1.3
	15-17	17.8	16.0	35.4
	18-19	55.6	51.7	61.5
	20-24	106.6	85.3	63.2
	25-34	100.3	90.0	73.7
1979	10-14	0.3	0.4	1.7
	15-17	17.8	17.6	39.7
	18-19	56.9	52.6	56.3
	20-24	110.0	88.4	67.8
	25-34	102.8	91.9	74.6
1980	10-14	0.3	0.4	1.6
	15-17	17.5	17.4	39.1
	18-19	59.3	53.8	62.9
	20-24	113.4	92.3	71.3
	25-34	104.7	95.3	77.5
1981	10-14	0.3	0.4	1.3
	15-17	17.5	17.2	41.2
	18-19	59.1	53.9	65.0
	20-24	112.4	94.0	71.5
	25-34	105.8	98.9	82.7
1982	10-14	0.4	0.5	2.2
	15-17	16.6	17.2	42.7
	18-19	56.2	52.1	65.9
	20-24	109.9	88.8	69.8
	25-34	104.6	97.3	84.6

* Rate per 1000 female population. Sources: Raw data provided by the Minnesota and Minneapolis Departments of Health. Non-residents and women of unknown age are excluded. Minneapolis data were provided in a form unsuitable for figuring rates for ages 35-44 or above.

** Metropolitan Minneapolis is defined as a seven-county region including Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.

33a

Table 5 (Continued)
Birth Rate
for Different Regions of Minnesota*

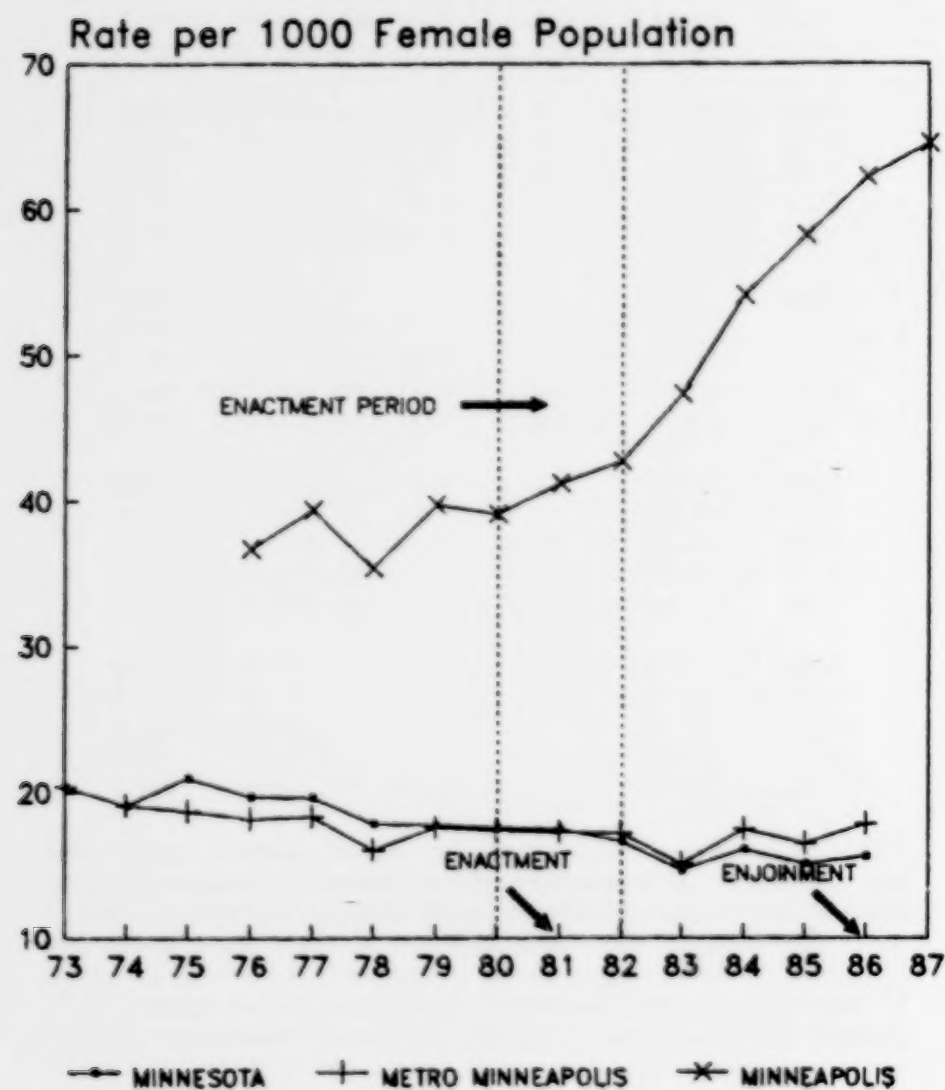
YEAR	AGE	MINNESOTA	METROPOLITAN MINNEAPOLIS**	MINNEAPOLIS
1983	10-14	0.3	0.5	1.9
	15-17	14.6	15.1	47.3
	18-19	48.5	45.4	58.1
	20-24	100.0	80.1	64.3
	25-34	103.3	97.3	83.2
1984	10-14	0.3	0.5	1.3
	15-17	16.1	17.4	54.1
	18-19	48.7	45.7	63.1
	20-24	97.4	79.5	66.4
	25-34	106.6	102.3	85.9
1985	10-14	0.4	0.6	2.1
	15-17	15.1	16.5	58.2
	18-19	47.0	45.8	73.4
	20-24	94.4	80.1	69.7
	25-34	106.6	106.1	89.8
1986	10-14	0.4	0.5	2.0
	15-17	15.6	17.8	62.2
	18-19	42.6	44.0	81.2
	20-24	86.6	74.2	70.6
	25-34	107.6	106.3	87.5
1987	10-14	.	.	2.2
	15-17	.	.	64.5
	18-19	.	.	92.2
	20-24	.	.	67.5
	25-34	.	.	84.2

* Rate per 1000 female population. Sources: Raw data provided by the Minnesota and Minneapolis Departments of Health. Non-residents and women of unknown age are excluded. Minneapolis data were provided in a form unsuitable for figuring rates for ages 35-44 or above.

** Metropolitan Minneapolis is defined as a seven-county region including Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.

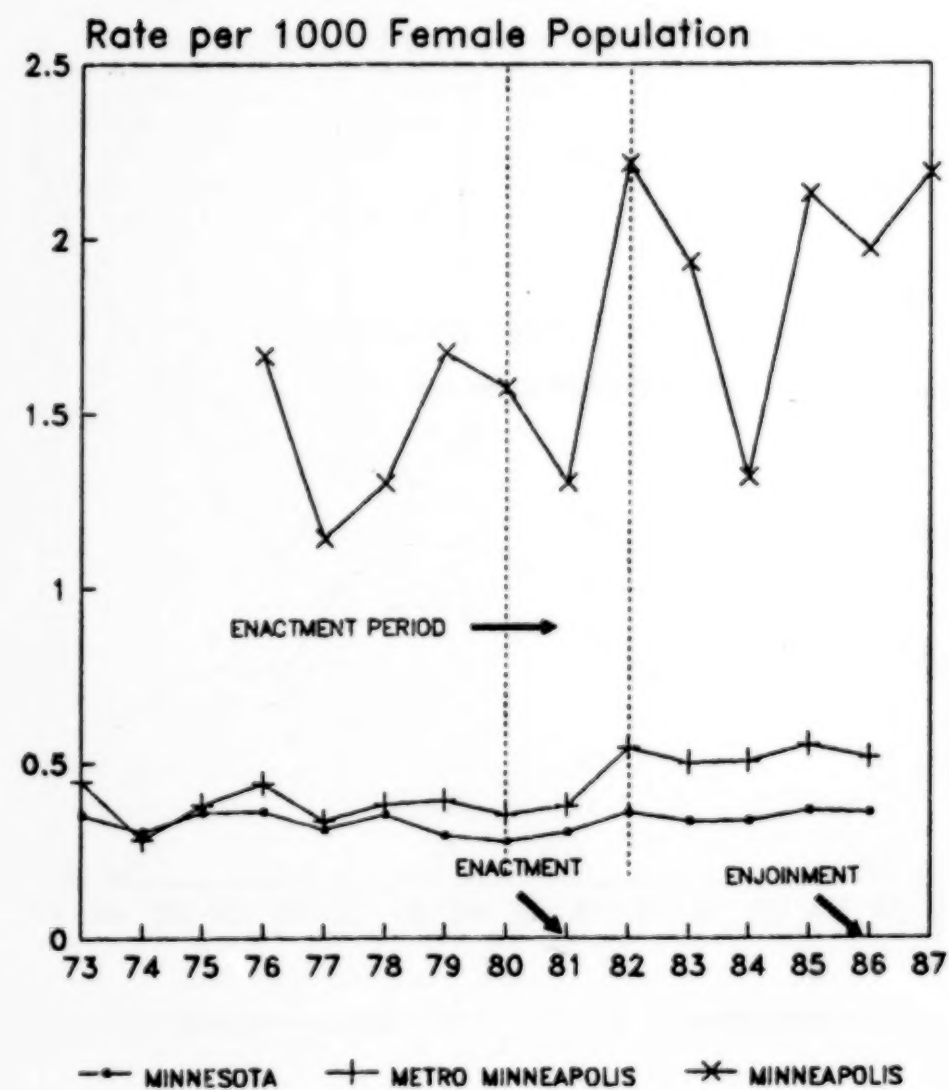
34a

Figure 5a
Birth Rate
for Different Regions of Minnesota
Ages 15-17



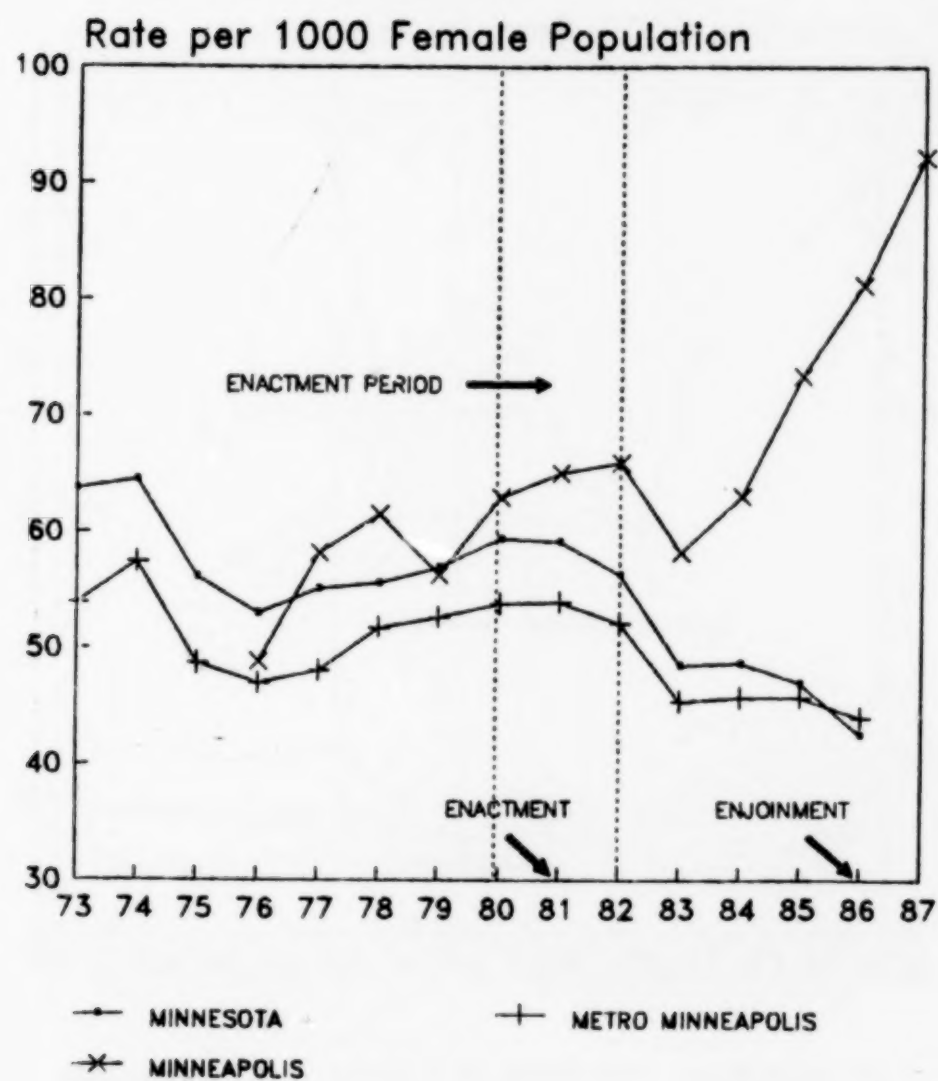
35a

Figure 5b
Birth Rate
for Different Regions of Minnesota
Ages 10-14



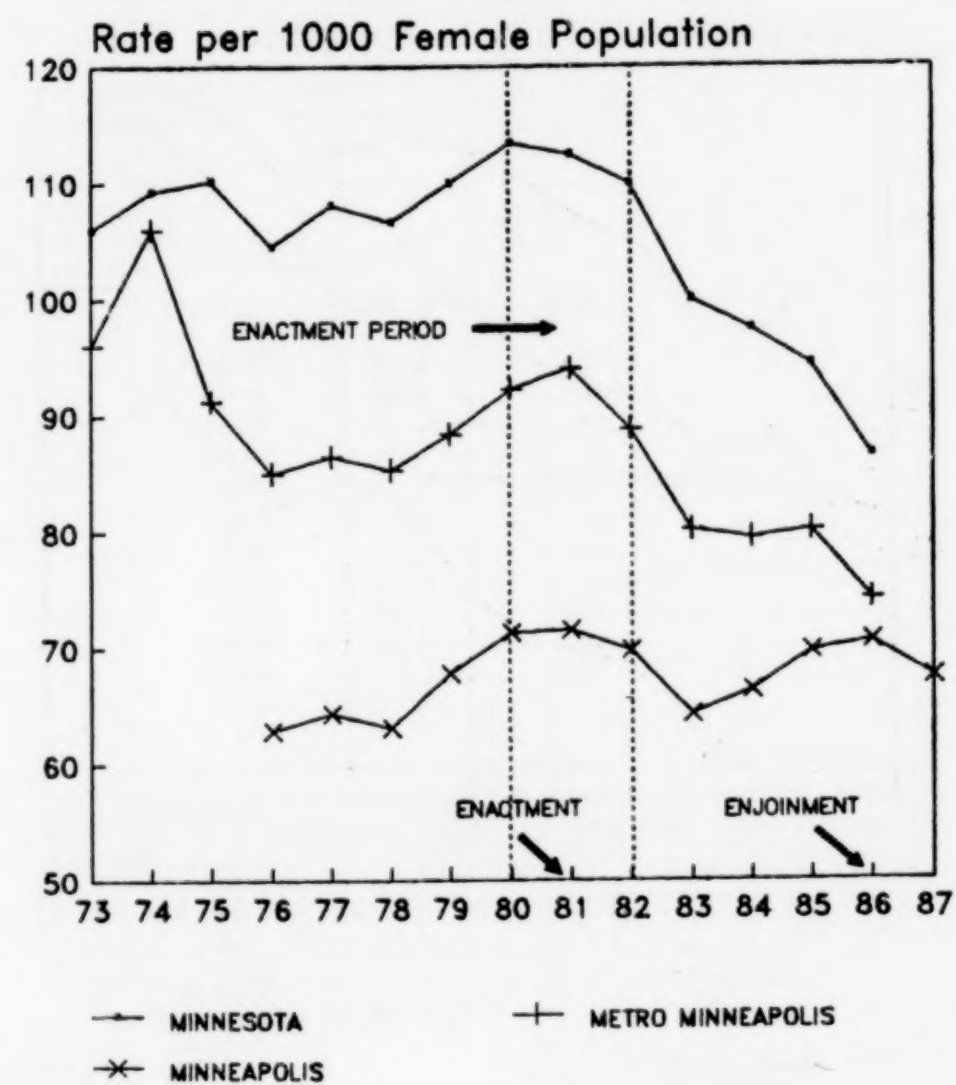
36a

Figure 5c
Birth Rate
for Different Regions of Minnesota
Ages 18-19



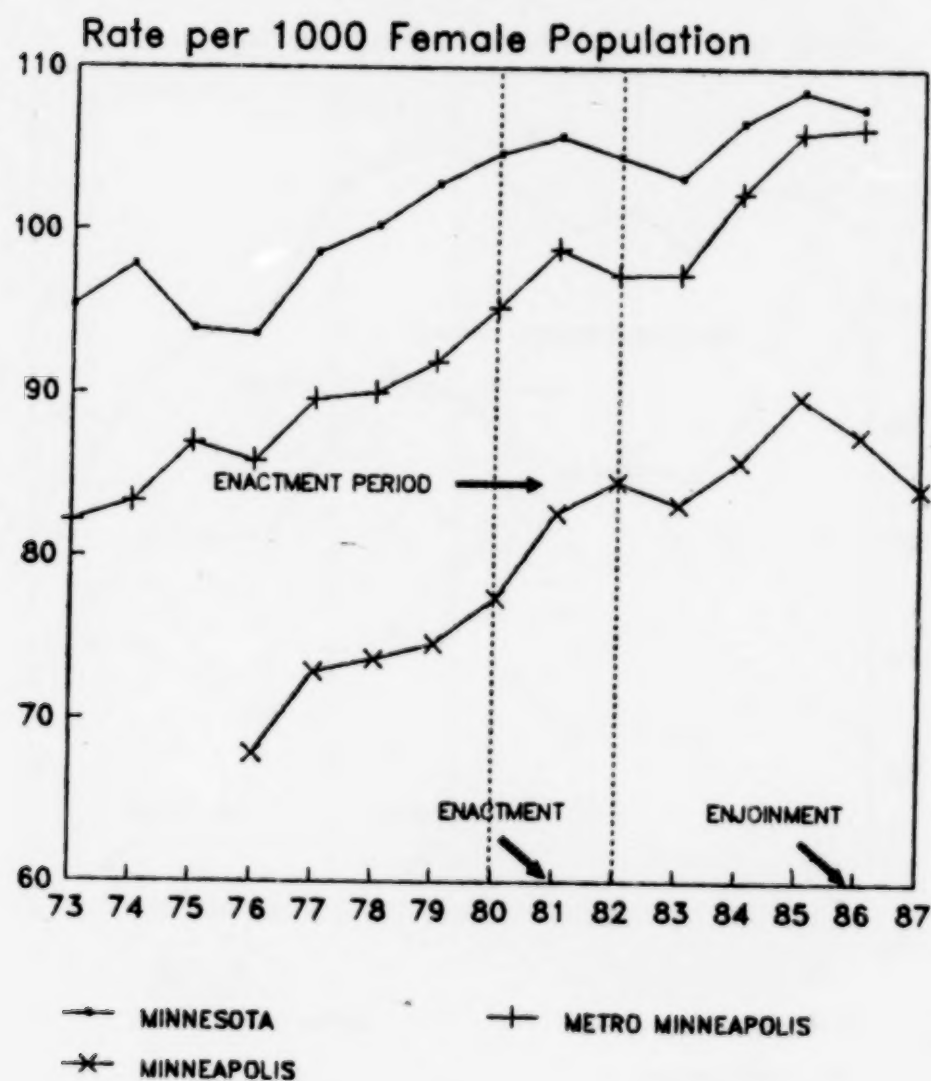
37a

Figure 5d
Birth Rate
for Different Regions of Minnesota
Ages 20-24



38a

Figure 5e
Birth Rate
for Different Regions of Minnesota
Ages 25-34



39a

Table 6
Birth Rate for Minneapolis Residents
by Age Group*

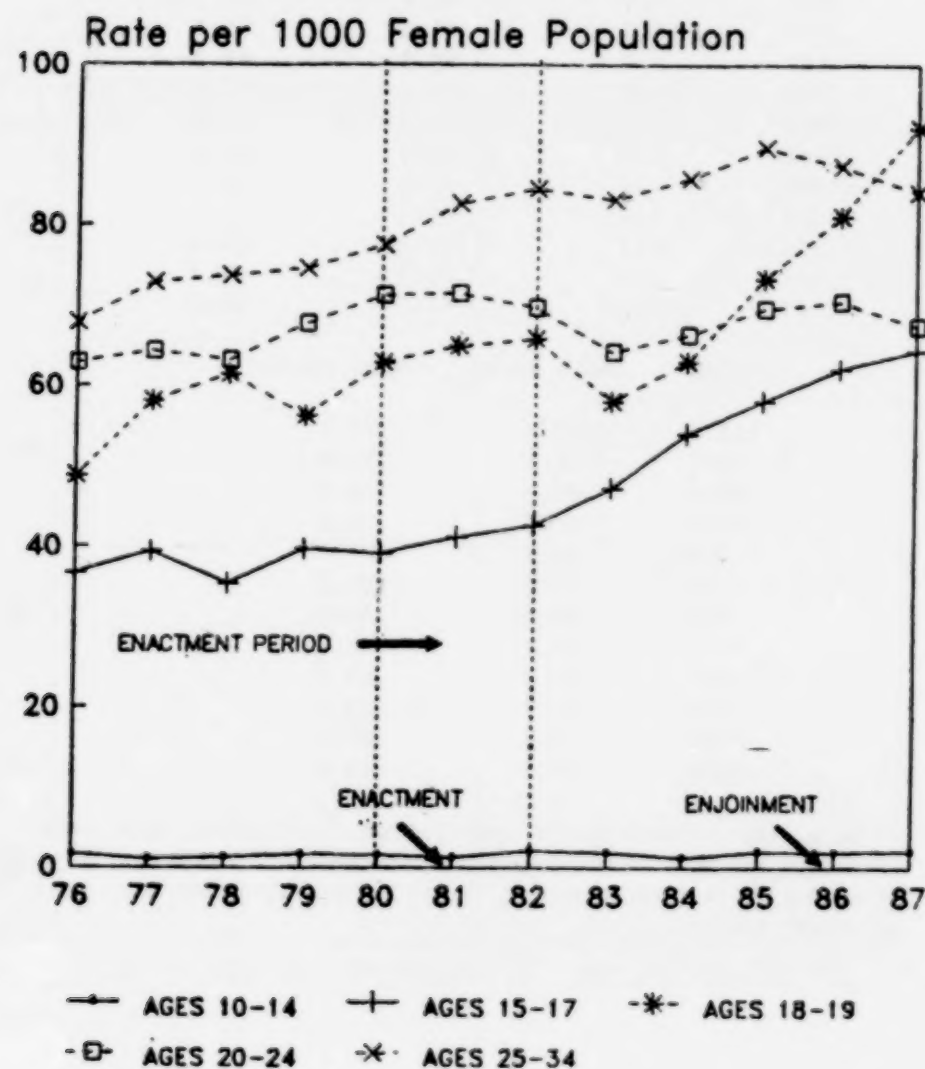
YEAR	AGES 10-14	AGES 15-17	AGES 18-19
1976	1.7	36.7	48.8
1977	1.1	39.4	58.1
1978	1.3	35.4	61.5
1979	1.7	39.7	56.3
1980	1.6	39.1	62.9
1981	1.3	41.2	65.0
1982	2.2	42.7	65.9
1983	1.9	47.3	58.1
1984	1.3	54.1	63.1
1985	2.1	58.2	73.4
1986	2.0	62.2	81.2
1987	2.2	64.5	92.2

YEAR	AGES 20-24	AGES 25-34
1976	62.9	67.9
1977	64.4	72.9
1978	63.2	73.7
1979	67.8	74.6
1980	71.3	77.5
1981	71.5	82.7
1982	69.8	84.6
1983	64.3	83.2
1984	66.4	85.9
1985	69.7	89.8
1986	70.6	87.5
1987	67.5	84.2

* Rate per 1000 female population. Source: Raw data provided by the Minneapolis Department of Health. Data provided in a from unsuitable for figuring rates for ages 35-44 or above.

40a

Figure 6
Birth Rate for Minneapolis Residents
by Age Group



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Table 7
Births to Mothers < 18 Years of Age
as Percentage of Total Births*

	MINNEAPOLIS	U.S.	MINNESOTA
1970		6.3	
1973			4.6
1974			4.2
1975		7.6	4.4
1976	6.2		4.2
1977	5.9		3.9
1978	5.1		3.4
1979	5.3		3.2
1980	4.7	5.8	3.0
1981	4.5	5.4	2.8
1982	4.3	5.2	2.6
1983	4.4	5.0	2.4
1984	4.4	4.8	2.5
1985	4.5	4.7	2.3
1986	4.8	4.8	2.5
1987	5.1		2.4

MINNEAPOLIS BY RACE

	WHITE	BLACK	ASIAN/PACIFIC ISLAND	AMERICAN INDIAN
1976	4.0	15.3	0.0	29.9
1977	4.1	13.7	1.4	13.9
1978	3.4	11.5	0.0	12.9
1979	2.9	13.5	3.0	15.3
1980	2.9	11.4	1.7	13.3
1981	2.6	11.4	4.6	13.0
1982	2.3	11.0	5.0	11.0
1983	2.2	11.0	4.9	13.7
1984	2.3	10.6	6.5	11.2
1985	2.2	10.4	7.1	11.1
1986	2.3	11.9	5.8	9.3
1987	1.9	12.4	6.5	10.8

* Sources: National Center for Health Statistics: *Health, United States, 1988*. DHHS Pub. No. (PHS) 89-1232. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1989. p.47. Minneapolis raw data provided by the Minneapolis Department of Health. Data for some years not available.

42a

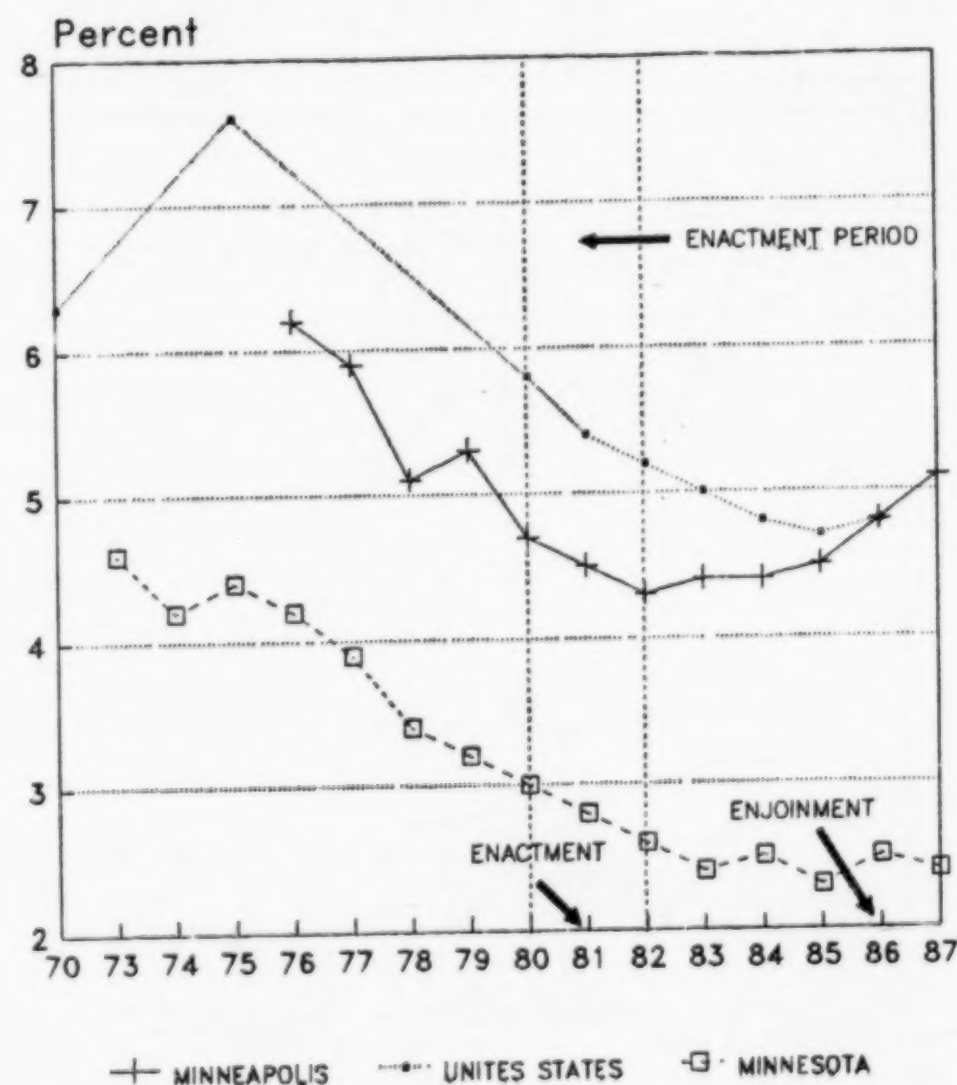
Table 7 (Continued)
Births to Mothers < 18 Years of Age
as Percentage of Total Births*

	UNITED STATES BY RACE			
	WHITE	BLACK	ASIAN/PACIFIC ISLAND	AMERICAN INDIAN
1970	4.8	14.7	3.3	7.5
1975	6.0	15.1	2.7	11.0
1980	4.5	12.2	1.7	8.8
1981	4.3	11.4	1.8	8.5
1982	4.1	11.1	1.8	8.0
1983	3.9	10.9	1.7	7.9
1984	3.7	10.6	1.8	7.4
1985	3.7	10.3	1.8	7.1
1986	3.7	10.4	1.9	7.4

* Sources: National Center for Health Statistics: *Health, United States, 1988*. DHHS Pub. No. (PHS) 89-1232. Public Health Service, Washington, U.S. Government Printing Office, Mar. 1989. p.47. Minneapolis raw data provided by the Minneapolis Department of Health. Data for some years not available.

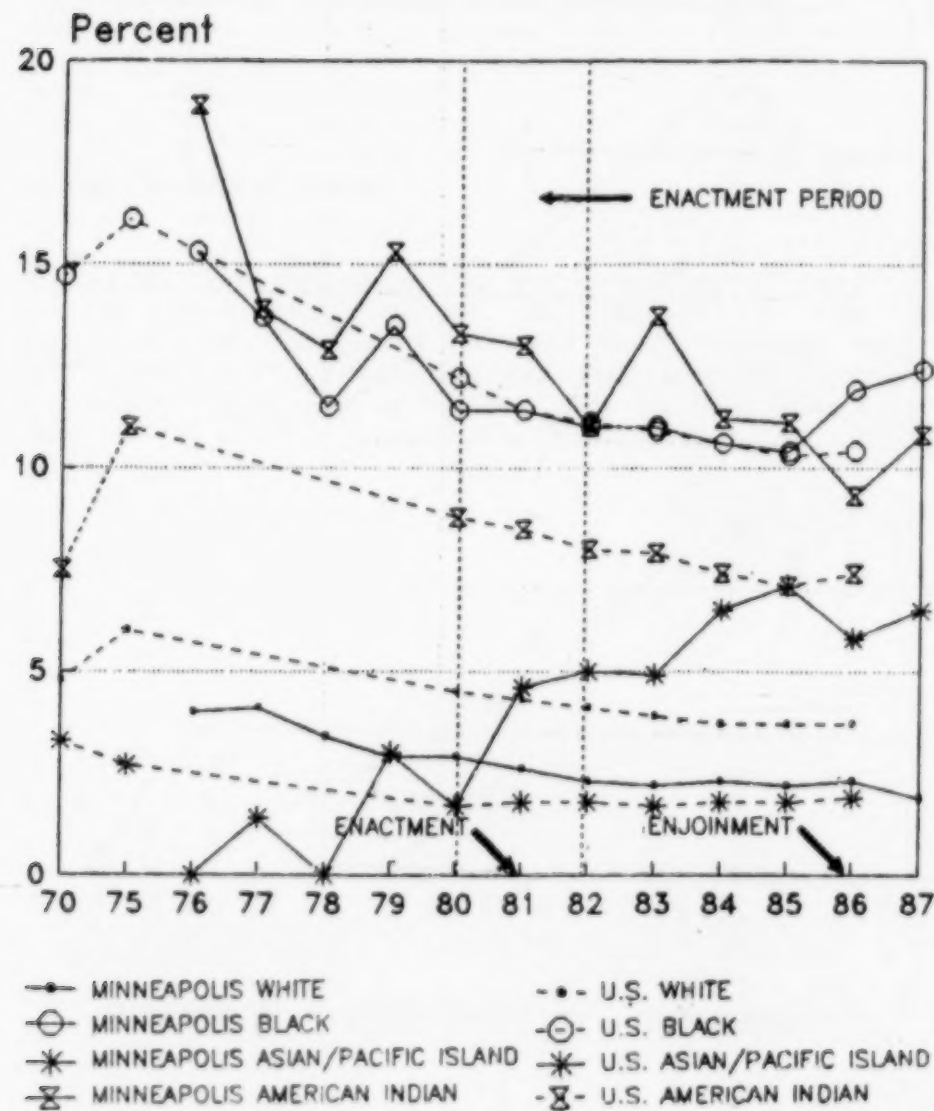
43a

Figure 7a
Births to Mothers < 18 Years of Age
as Percentage of Total Births
Minneapolis, Minnesota, and U.S.



44a

Figure 7b
Births to Mothers < 18 Years of Age
as Percentage of Total Births
by Race/Ethnicity
Minneapolis and U.S.



45a

Table 8
Percent Racial/Ethnic Enrollment
Minneapolis Public School District*

	AMERICAN INDIAN	BLACK	ASIAN	HISPANIC
1971	3.0	8.8	0.5	0.7
1980	5.6	19.0	2.1	1.3
1981	5.8	21.3	5.4	1.3
1983	6.0	22.8	5.8	1.3
1984	6.3	24.1	6.2	1.4
1985	6.6	25.7	6.7	1.4
1986	6.8	26.9	7.3	1.5
1987	7.0	28.4	8.0	1.7

* Source: Raw data provided in *Racial-Ethnic Enrollment Trends in Twin Cities Area Schools, 1986-1987*. Pub. No. 620-88-115. Metropolitan Council, St. Paul, Minnesota.

46a

Figure 8

Percent Racial/Ethnic Enrollment
Minneapolis Public School District

